MEDICAL AND SURGICAL REPORTER

No. 1729. PHILADELPHIA, APRIL 19, 1890. VOL. LXII.—No. 16.

CONTENTS:

CLINICAL LECTURE.

NON-PARASITIC SYCOSIS.

BY HENRY J. REYNOLDS, M. D.,

CHICAGO, ILL.

PROFESSOR OF DERMATOLOGY IN THE COLLEGE OF PHYSICIANS AND SURGEONS; CHIEF DERMATOLOGIST TO THE WEST-SIDE FREE DISPENSARY; GENITO-URINARY SURGEON TO THE WEST-SIDE FREE DISPENSARY, CHICAGO, ETC.

Gentlemen: Almost invariably when a case comes before us for examination we see something in that particular case (the general expression or physiognomy of the disease, or some important points in connection with it) which suggests at least approximately the true condition or disease present. For instance, when we have an eruption that is universally distributed over the body, we at once suspect the presence of some one of the diseases which are characterized in that way; we suspect, for instance, a syphilitic eruption, or the eruption of psoriasis. When we find an eruption characterized by ulceration or destruction of tissue, we suspect the presence of one of the destructive diseases, such as lupus, syphilis, epithelioma, etc.; and when we meet with an eruption confined exclusively to the face, naturally we suspect at once the presence of a disease which is confined principally, if not entirely, to the face; as, for instance, acne, and the two forms of sycosis.

We have here a patient with an eruption not only confined to the face, but also confined to the bearded portion of the face, which narrows the range of diagnosis to that region. Now, as the diseases which affect essentially only the bearded portion of the face are simply two in number, parasitic sycosis and non-parasitic sycosis, we would naturally presume that in the case before us the disease was one of those two. Per-

haps almost everybody has heard of the disease commonly known as barber's itch, technically termed tinea sycosis, parasitic sycosis, tinea barbæ, or tinea of the beard. It is one of those diseases confined to the bearded portion of the face, and owing to the popularity of the name, or the supposed frequency of the disease, many cases of eruption in this locality are at times, even by physicians, loosely designated by that name, as has been done in this case. The disease to which I shall confine my remarks to-day, and which this case represents, though occurring in the same locality, being somewhat similar in its behavior, and bearing a similar name, it must be remembered is an entirely separate and distinct affection. It is known as simply *sycosis*, or in contradistinction to the parasitic disease already referred to, *non-parasitic* sycosis. The case before us then is one of *sycosis*, or *non-parasitic sycosis*.

In order to study more intelligently the various manifestations seen in this case, it is advisable, first, that you get some idea of the general characteristics of the disease.

As to *general appearance* in an ordinary well-marked case of sycosis we generally find an eruption which is distributed equally on both sides of the bearded portion of the face, characterized in a general way by some diffuse redness, usually some crusting, some papules and pustules, more or less thinning of the hair at times, and occasionally some larger lesions almost approximating small tubercles in character. We may at the same time find some lesions on other portions of the body, that is, on the hairy portions, such as the scalp, upper lip, eyebrows, the axillæ or pubes. Any of these hairy portions of the body may be affected by sycosis; but as I have already intimated, it is usually confined to both cheeks.

The disease is almost invariably met with in males, and is necessarily, as regards the face, confined to the bearded portion. It occurs after the age of puberty. It begins as one or several reddish papules, and penetrating each papule we find a hair—in other words, the papule is located around the hair, the inflammation producing it being confined to the hair follicle and the peri-follicular tissues. In addition to these papules, we always have some diffuse redness, this redness extending from one papule to the other. To express it more clearly, we have no healthy skin between the papules. Inasmuch as we have an inflammation of the hair follicles and the peri-follicular tissues, with evidences of diffuse inflammation extending from one papule to the other, we must, as a natural consequence, have more or less infiltration of the tissues and a certain amount of thickening of the flesh. Occasionally several of these papules are situated so close to each other that they seem to run together in one mass and form a slight elevation resembling a tubercle. Not only are these papules and the redness found on one cheek or one side of the face, but, as a rule, to which there is perhaps no exception, we find the same condition on the opposite side of the face. It is, in other words, a symmetrical disease, being distributed on both sides of the face in a similar manner. When we find the eruption confined to the upper lip it also bears that symmetrical character.

Now, as these papules are inflamed, sooner or later, we have the formation of pus and they become converted or transformed into pustules, each pustule, as in the case of the papule, being penetrated by a hair. These are very important points for you to remember, simple as they may seem; because they are to a certain extent pathognomonic symptoms of sycosis. Still further, in addition to the presence of pustules, especially if the hair be long, the pus is retained on the surface, where it dries down into scabs or crusts. This particular characteristic is conspicuous if the hair of the locality is allowed to grow long, or if the part is untreated. It is a disease characterized in its well-marked state by a mass of crusting, very much greater than we see in this case.

Now, as regards the hairs in the part affected. I have already stated that the disease is confined essentially to the hair follicles, and as a consequence the hair must be involved in the diseased process. We find, as I have already intimated, that many of these hairs are surrounded by papules. When these papules advance to the stage of pustules, the hair bulb or hair root is involved; and wherever the pustules form we have more or less breaking down of tissue. The hair becomes loosened in the follicles in time, and on examining we find that those which are situated in the pustules may be very easily extracted. This particular characteristic of loose hairs, however, is only found in the hairs that are situated in the pustules. The remainder of the hairs are always found firm in the follicles, differing in this respect in a striking manner from

some other diseases, such as parasitic sycosis, for instance. The remainder of the hairs are always firm and they are never brittle or broken off. There is very rarely any constitutional disturbance of any consequence in non-parasitic sycosis, although we frequently find these patients more or less anemic and lacking in general vitality. As regards subjective sensation, there is very little itching, but the sensation is that of burning, pricking or smarting. On account of this destructive character of the disease, —to which, however, the word destructive should scarcely be applied,—we have the formation of scars; the follicle becoming obliterated leaves naturally a depression or scar. As a natural consequence, when the follicles are destroyed the hairs are not reproduced, and we have a certain amount of thinning or baldness of the part remaining, which is an important characteristic, and one which is not met with until the disease has existed for some length of time. It is an extremely chronic affection.

Now that you comprehend fully what constitutes a case of sycosis, let me direct your attention to a consideration of this particular case.

This man is fifty-two years of age, a native of New York, a sailor by occupation. He has had the eruption a little over a year. He says it broke out while he was cruising on the Gulf of Mexico, shortly after he had been shaved in a New Orleans barber shop. On arriving at Vera Cruz a doctor told him it was the barber's itch. He was treated in New Orleans for barber's itch, and has been treated by several physicians since that time, the diagnosis being barber's itch, psoriasis, eczema, etc. The majority of these physicians, however, he says, diagnosticated it as barber's itch. He has been more or less unfortunate with the affection and is very anxious to get rid of it. He has for our benefit artistically arranged a list of the various treatments he has had, the remedies being first classed under the general head of *applications*, and then under the sub-headings of *washes*, *salves* and *soaps*. With your permission, I will read this list as he has it arranged. It will at least tend to show the chronic character of the disease, and at the same time show to some extent the opinions and views of the various medical men whom he has consulted. Under the head of *washes*, we have cocaine, chlorodyne, sulphurous acid 1 to 20, carbolic acid 1 to 20, 15 and 10, alcohol and washing soda, alcohol, pulverized alum, borax and sweet oil, one ounce each, add four ounces rain water—shake. *Salves.*—Blue ointment, ox. mercury (yellow), ox. zinc (plain) and combined with iodoform, tar, sulphur, etc., iodine salve, cereate of opium, sulphate of copper and zinc ointment, oleate of copper in lanolin, carbolated vaseline, cuticura salve and soap, flax seed poultices. *Soaps.* Sublimate soap, pine tar soap, castile soap.

As he passes around among you, I would like to have you examine carefully the characteristics I have referred to. You notice first the general appearance of the disease, it being equally distributed on each side of the face. You find, as you examine closely, the characteristic papules penetrated by hairs. You find the pustules also penetrated by hairs. You notice also the diffuse redness. You observe a thinning of the hairs also, although that is not very easily discerned in this case. Notice the tendency to the formation of crusts. You have already learned of the chronic character of the disease in this case from the numerous remedies he has used. You will notice that the hairs are all firm, except those surrounded by a pustule. You notice in several places a slight scar, which is not well marked on account of the disease not having existed a great while.

Etiology.—Now, as to the etiology or cause of the disease. As the disease is confined primarily to the hair follicles, it would seem that the hair were in some way implicated. There are a number of other elements that may be enumerated as probable etiological factors, such as the irritation of shaving, especially with a dull razor; a strumous diathesis, etc. We frequently see in a healthy individual after shaving, irritation of the hair follicles, and occasionally some reddish points or small papules formed upon the bearded portion of the face around each hair. A dull razor necessarily pulls on the hairs more or less, and in that way irritates or acts in a traumatic way upon the follicles. If there is any eczematous or natural constitutional tendency to disease of the skin, a little irritation of this kind would irritate and aggravate the disease, if it might not really produce it in some cases. The disease being frequently met with at about the age of puberty, it would seem probable that the natural physiological activity of the parts incident to the development of the hairs at that age must have some tendency to produce it,

as a physiological activity is very easily perverted into a pathological one.

As regards constitutional causes, while the disease may be said to be principally local in character, it is entirely probable that, if it is not actually produced by constitutional causes, it must certainly be aggravated or prolonged by certain constitutional conditions, as most every local disease is more or less influenced by the constitutional condition of the patient. Further than this there is nothing definitely known in regard to the etiology of sycosis.

We must not let this opportunity pass without a few words in regard to the assertion by the patient that he contracted the disease from the barber's shop. Almost invariably a patient with sycosis associates his disease with the barber shop, though the disease is non-parasitic sycosis and not barber's itch. The reasons are these: In the first place, though the disease is non-parasitic and not contagious, it is probable that one of the principal exciting causes may be justly traced to the barber shop or to the irritation of the last shaving act, the pulling of a dull razor naturally having an exciting effect. In the second place, nearly all men are familiar with barber's itch as a disease affecting the face and as one sometimes propagated through the medium of the barber shop, and they therefore naturally regard it as barber's itch (parasitic sycosis) and unjustly censure their barber.

Pathology.—As to the pathology, the parts essentially concerned are the hair follicles and the peri-follicular tissues, which are inflamed. As I have before remarked, we have some general inflammation of the tissues between these papules and some deposit of exudate in the tissues.

Diagnosis.—The diseases most likely to be confounded with non-parasitic sycosis are parasitic sycosis, eczema, acne, and possibly syphilis. By careful attention to the diagnostic tables which I now give you there need be no difficulty in any case.

SYNCOSIS.	TINEA SYCOSIS.
1. No reliable history of contagion.	1. Reliable history of contagion at times.
2. Starts as discrete papules.	2. Starts as ordinary ringworm patch.
3. Diffuse general redness.	3. No diffuse redness.
4. Characterized by papules and pustules, each of which is penetrated by a hair.	4. No papules nor pustules, but deep lumps.
5. Symmetrical.	5. Not symmetrical.
6. Hairs always healthy, and none loose except those surrounded by a pustule.	6. Hairs dry, brittle, broken off, and most of them loose in the diseased patch.
7. Microscope does not reveal any parasite.	7. Parasite readily discovered with the microscope.
8. Not liable to be accompanied by ringworm of the non-hairy parts.	8. Liable to be accompanied by ringworm on the non-hairy parts.

SYNCOSIS.	ECZEMA.
1. Little itching.	1. Intense itching.
2. Never vesicles nor serous exudation.	2. Generally vesicles and serous exudation at times.
3. Confined to bearded portion of face.	3. Rarely confined to bearded region.
4. Symmetrical.	4. Not symmetrical.
5. Papules and pustules penetrated each by a hair.	5. Papules and pustules not penetrated by hairs.
6. Generally occurs after puberty.	6. May occur at any age.
7. Generally met with in males.	7. Met with in females as well as in males.
8. Always a tendency to chronicity.	8. Rarely tends to chronicity.

SYCOSIS.	ACNE.
1. Confined to bearded portion of face.	1. Never confined to bearded portion, but affects entire face.
2. No comedones present.	2. Always find comedones intermingled with the eruption.
3. Diffuse redness.	3. No diffuse redness.
4. Papules and pustules are penetrated by hairs.	4. The papules and pustules are never penetrated by hairs.
5. Sycosis never found on the face of females.	5. Common in females.
6. Never met with until adult life and after the development of the beard.	6. Generally first met with at puberty and before the development of the beard.
7. Accompanied by pricking, smarting or burning sensations.	7. No subjective symptoms.
8. Tends to chronicity.	8. Tends to disappear spontaneously in adult life.

SYCOSIS.	SYPHILIS.
1. No history of syphilis.	1. Generally have reliable history of syphilis.
2. Eruption usually confined to the bearded region.	2. Very rarely confined to the bearded region.
3. Never affects the non-hairy skin.	3. Affects the non-hairy skin and the hairy parts alike.
4. The papules and pustules penetrated by hairs.	4. The papules and pustules never penetrated by hairs.
5. Always a diffuse redness.	5. Rarely any diffuse redness.

6. Always symmetrical.	6. If confined to the bearded portion of the face, never symmetrical.
7. Chronic, but never ulcerates.	7. If chronic, always proceeds to ulceration.
8. Accompanied by pricking, smarting or burning sensation.	8. Little subjective sensation.
9. Secretions not necessarily accompanied by an offensive odor.	9. Generally accompanied by a very offensive odor.
10. Will not yield to syphilitic treatment.	10. Generally yields readily to syphilitic treatment.

Treatment.—The disease being a local one and caused, or at least aggravated or perpetuated, by the irritation of the hairs in the follicles, the treatment must be more or less local in character, and the hairs must receive due consideration. Although this disease is not necessarily caused by constitutional derangement, inasmuch as every local disease is influenced more or less by the constitutional condition, and sycosis is sometimes partly caused by the constitutional condition, the treatment must be directed to that condition also. Like most other diseases the local treatment must vary more or less with the conditions present, it must be stimulating or soothing according as the part is actively inflamed or in a subacute or chronic state of inflammation.

Now, very frequently the cases as we meet with them have a great mass of crusting on the surface; then the treatment must be directed first to the crusting. If the beard is long, it is generally well to clip it as closely as possible before beginning treatment; then the crusts must be softened up by the application of some oleaginous preparation. If the inflammation is acute, a linseed poultice is better than the oleaginous preparation; because, in addition to softening the crusts, it will allay the acute inflammation. When the crusts are thoroughly softened, they must be carefully and gently removed with soap and warm water. If the inflammation is very acute it is well to again apply some soothing application, such as some mild ointment or carron oil (equal parts of oil and lime-water), lead and opium wash, etc. As soon as the acute inflammation has passed off, the hairs that act as foreign bodies to the hair follicles must be either removed by epilation or extraction or carefully shaved off. The better way, probably, is to extract the loose hairs from the pustules. Shaving, however, sometimes answers the purpose, inasmuch as the hairs, when cut close to the surface, do not irritate the inflamed follicles by their movements as much as when they project to any extent. After the loose hairs are picked out or the parts are shaved, or both, as the case may be, apply remedies as you would to any diseased surface with a view to healing it up. In this case we will first apply citrine ointment—one drachm to eight of lard or vaseline—three times a day. Very soon the crusts will be softened; and then we will instruct the patient to wash off the crusts with soap and water. After that, we will have him dust on an impalpable powder of boric acid. This is about all the treatment we can give him at present. We will then watch him, and from time to time, as the symptoms seem to indicate it, after the crusts are removed, we will either shave the hairs off close with a sharp razor or extract them. Sometimes a plaster of diachylon ointment, applied on linen and allowed to remain, is very effective, as it seals up the part from atmospheric and other irritating influences, and at the same time stays the parts so that the hairs do not, by their movements, irritate the follicles.

COMMUNICATIONS.

A CASE OF ABORTION WITH SEQUELLÆ.

BY A. C. HAWLEY, M. D.,
EATON, OHIO.

About the first of April, 1889, I was consulted by Mrs. Y., whom I had delivered of a baby nine months before, as to the probability of her being pregnant. Some symptoms were present which had suggested pregnancy to her. Most prominent among these had been the absence of her menstrual flow at her last regular period, yet, as she was nursing so young a child she could scarcely think that she was pregnant and dreaded the idea under any circumstances. I told her that the probability was that she was so. She hinted at interfering with the progress of gestation; but this I discouraged from a moral point of view, showing her the great risk she would run of sacrificing her life, and if not her life, her health.

Here the case rested until the first of May, 1889, when the patient's husband came into

my office, stating that his wife was not feeling very well, and that she had been having a slight "wasting" for a few days, though he thought it was not serious. I elicited enough from him to conclude that the probabilities were that an abortion was threatening and that the hemorrhage was serious, and I had better see her at once. The place was seven miles distant in the country; and, when I arrived at the bedside, I found that the hemorrhage had been profuse, although not yet enough to produce any immediate alarming effects upon the patient. Upon inquiry I found that two weeks before this hemorrhage the patient was holding a mare by the bit, and the animal, in trying to free itself, had given the woman a severe jerk which lifted her off the ground. This immediately caused a free hemorrhage which lasted for a short time. Since then there had been no appearance of bleeding until the present hemorrhage, which started when she made an attempt to lift the baby from the floor. She knew nothing of what had passed from her during either of her hemorrhages. She had seen nothing but the blood; and, consequently, it was one of those obscure cases which we all dread so much to meet. Upon digital examination I found the os but slightly dilated. There had not been any pain. Believing that the process of gestation was too far interrupted to prevent abortion, I set about to produce pains and to effect expulsion of the contents of the uterus, well remembering the oft-repeated maxim of Professor W. H. Taylor that "an empty uterus is the only safe uterus."

I thoroughly tamponed the vagina with cotton balls, and left the patient, to be seen again early the following morning. When I returned I found there had been no pains and the hemorrhage had been so slight as to hardly color the cotton next to the os. I now concluded that the contents of the uterus had been thrown off the day before. Here I instituted a cross-examination and found, from the husband, that he had seen the day before what he had supposed was a fetus, but whether or not any of the membranes had passed, he did not know. For the sake of safety I tamponed again, and returned in the evening to find no pain and a slight discharge, as in the morning. But yet, to be doubly certain and, if at all possible, to elicit pains and the expulsion of the contents of the uterus without introducing instruments, I introduced a sponge tent and then tamponed the vagina, and ordered perfect quiet and teaspoonful doses of the fluid extract ergot every three hours. I returned in the morning to find that no pains had been produced, but, on removal of the tent I found a good sized shred of membrane had been brought away.

I now thought the trouble ended; but, for the satisfaction of the family and my own comfort, I had my father, Dr. Albert Hawley, called. After a careful examination we agreed that, in all probability, the danger from hemorrhage had passed, and thought that with tonics and constitutional treatment, the patient would get along and soon be able to be around.

I visited her on the fourth, fifth and sixth of the month. At the last visit I found that she was doing so well that I dismissed the case, congratulating myself that I had disposed of one of those dreaded obscure abortion cases in a satisfactory manner. On the morning of the eighth of May a man drove up to my office, with his horse all in a foam, and asked me to come as quickly as possible to Mrs. Y., saying that she was almost dead. I hurried to the scene, and found my patient bleeding frightfully. The bed was saturated, the patient was pulseless, almost voiceless, and fainting repeatedly. I immediately dispatched the husband for my father, while I proceeded to inject cold water (there being no hot water in the house) into the vaginal canal, and gave a hypodermic injection of an aqueous solution of ergotine, which I always carry in my obstetrical bag. These means not being as effectual as one would wish in such emergencies, I thrust my hand into the vagina and my finger through the cervical canal, hoping thus to stop the hemorrhage mechanically, and at the same time to remove the offending contents of the uterus, which I found to be the mass of the membranes of a pregnancy of about eight or ten weeks' duration. These membranes were firm and adherent to the walls of the uterus. I tried to loosen them with my finger and a dull curette, and to drag them away with the uterine dressing forceps, but failed. All this time the patient was fainting repeatedly and death seemed imminent. After the arrival of my father, we again attempted the removal of the membranes, but it was only after repeated attempts and failures that I was able to bring away a mass of "fleshy degenerated" membrane, and by one or two more like manipulations separated and brought away all the membranes, and the

operation was at last completed. The woman was almost lifeless. We administered stimulants freely, and I remained by her bedside all night; and, to my delight, found that she gained rapidly, and that by morning the heart's action was good. I left her early in the morning, ordering perfect quiet, whiskey, quinine, and tincture of chloride of iron eighteen to twenty drops four times a day. From this time on there was no hemorrhage, and the patient improved unusually rapidly, until the morning of May 20, when I found her complaining of severe pain in the right side. There was no acceleration of the pulse, no elevation of temperature, no cough, and but a slight increase of rapidity of respiration. With hot moist applications and light anodyne treatment the pain was soon allayed, and the patient rested well until May 22, when the pain again appeared and became fairly seated about the region of the fourth and fifth ribs, and all the symptoms of a well marked severe case of pleurisy were present excepting the fever—the temperature not being more than one degree above normal. Effusion, which covered a little less than two-thirds of the lung, took place.

This trouble was subsiding nicely when, in a few days, a lobar pneumonia of the right lung developed (the same lung which was being drowned by the pleuritic effusion), which, with the effusion, almost excluded the air from this lung. The prognosis in the case grew grave, but within a week or ten days the symptoms began to ameliorate, and the indications were that she would soon recover. But no sooner had the right lung begun to act fairly well, than the left was also attacked with pneumonia, and the symptoms grew graver than they yet had been. The patient became discouraged; her appetite and strength failed; and the host of attendants of long-continued sickness were present. But, after some time, the disease began to abate, and our patient was again on the high-road to recovery, and rapid strides were made.

She had so far recovered that she had begun to want to get up to stool, when, on the evening of June 7, she made her first attempt to get out of bed. Soon after returning to bed she began to complain of pain in the calf of the left leg; and, on my return in the morning, I found her suffering greatly from the pain. There was no tenderness except in the calf, and no pain along the course of the larger veins; but on the following day I found the entire limb swollen, and the region of the larger veins very painful and the veins cordy. The temperature was 102° F. The limb was well elevated, and heat was kept applied constantly, and an occasional anodyne application was made, and morphia was given to relieve the pain. This treatment was continued for several days before any change towards improvement was noticeable. Perfect quiet was observed for six or eight days, lest the slightest disturbance might liberate the thrombus, which I believed to be the cause of the phlegmasia-dolens. By the eighth or tenth day the heat and pain had diminished, but it scarcely need be remarked that the swelling had not then subsided; nor has it yet. I dismissed the patient about June 20, on the high-road to recovery. She gained rapidly, and by July 4 was going about on crutches. By the twentieth of the month she had dispensed with these, and at present she is able to do all her work as a farmer's wife. Her limb is gradually growing smaller and her general health was never better.

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS.[1]

BY G. FRANK LYDSTON, M. D.,

CHICAGO, ILL.

In studying some of the late, or sequelar, lesions of syphilis, particularly those involving changes in the bony structures of the head and face, I have been forcibly impressed by certain characters of the lesions which seem to depend upon a more occult series of pathological changes than those to which they are usually accredited. Some of these characteristics pertain also to many of the lesions of the active or secondary period of syphilis.

The relation of certain syphilitic phenomena to organic or functional disturbances of the nervous system—and particularly the sympathetic system—is certainly manifested here and there along the whole line of morbid phenomena developed in the course of the disease. The so-called syphilitic fever, while an inconstant phenomenon, is present in a sufficient number of cases of the disease to practically settle the question of the

[1] Read at the meeting of the Southern Surgical and Gynecological Association.

relation of cause and effect. The symptoms which we designate collectively as syphilitic fever are, in common with some other febrile constitutional disturbances, undoubtedly dependent upon the action of a special poison upon the sympathetic nervous system. It is logical to infer from what we know of the physiology of the sympathetic system, and particularly of those functions of the sympathetic, which we term trophic, that the majority of fevers—if not all—are directly dependent upon the action of the specific poison upon the sympathetic ganglia, which action is manifested by the disturbed metabolism and the resulting phenomena of fever. So in the case of syphilis the poison may produce so profound an impression upon the sympathetic ganglia that the trophic function of this portion of the nervous system is disturbed, with an attendant perversion of tissue metabolism, a resultant excessive production of animal heat, and the accumulation in the system of the toxic products of perverted physio-chemical change. The fact that so-called syphilitic fever is not a constant phenomenon, but affects only a certain portion of individuals attacked by syphilis is explicable upon the ground of idiosyncrasy.

The argument that syphilitic fever is the result of an impression produced by the syphilitic poison upon the sympathetic nervous system does not necessarily imply—nor do I intend it to do so—that the syphilitic fever is a part of the natural course of the disease. On the contrary, I believe that it is accidental and the result of idiosyncrasy. We know that different individuals are variously affected by the constitutional impression of organic poisons. Certain individuals are affected by urticaria or erythema upon the ingestion of shell-fish, this result being especially apt to follow when the particular article of food is not perfectly fresh or was not in an absolutely healthy condition when taken for food. Some persons are seriously affected by the ingestion of certain vegetables—especially if partial decomposition has occurred. Canned vegetables, and especially tomatoes, are liable to impeachment upon this ground. If it is fair to infer that by virtue of idiosyncrasy the nervous system of certain individuals may be morbidly impressed by certain food substances which are innocuous to the majority of individuals, it is certainly fair to assume that in the case of so powerful an organic poison as that of syphilis, with which a large number of individuals are inevitably inoculated, certain special and exceptional phenomena might be produced in some persons.

Attendant upon, or following the syphilitic fever, or occurring independently of it, we have a characteristic manifestation of syphilis, which in cases unmodified by treatment is probably always present in greater or less degree. I refer to syphilitic roseola. This eruption has been shown to be unlike the other phenomena of syphilis in that it is dependent, not upon a localized collection of proliferating syphilized cells, but upon vaso-motor disturbances, the essential objective element of which consists in dilatation of the capillaries in localized areas of the skin. This, as far as we are able positively to determine, is dependent upon the impression of the syphilitic poison—virus, bacillus, degraded cell, or whatever term may be selected to designate it—upon the central sympathetic system. This impression is essentially the same as that produced by certain vegetable poisons. It is not, however, dependent upon idiosyncrasy, although it may be modified by it; thus we find in some individuals a very marked roseola, in which the lesions are disseminated over a large area of the integumentary surface and are very prominent and well-defined; whereas in others we may find upon close inspection perhaps but a single lesion. The gradations between the two extremes are very various. Idiosyncrasy might be advanced quite plausibly as the explanation of this wide variation.

The action of certain drugs given for medicinal purposes is a further illustration of the results of various poisons upon the sympathetic nervous system as manifested by the appearance of morbid cutaneous phenomena. Belladonna, quinine, opium, copaiva, chloral, salicylic acid and numerous other drugs have been found to produce, in exceptional cases, an efflorescence upon the skin. The rarity of such phenomena, in conjunction with other proofs of idiosyncrasy and the known properties of these various drugs as far as their action upon the skin is concerned, are positive evidences of their neurotic character.

The lesions of syphilis which succeed the roseola have been so positively demonstrated to be dependent upon a localized deposit and proliferation of syphilized cell material that it would appear to be impossible to apply the neurotic theory to them. It is only necessary, however, it appears to me, to direct attention to the marked symmetry

which characterizes the peripheral phenomena of syphilis to at once suggest the probability of a central nervous element in the production of the various lesions. It is admitted, to be sure, that a symmetrical development of eruptive lesions occurs in some other affections. It will be found, however, that in them a nervous element is either positively demonstrable, or the skin lesions are so abundant and general that it would be impossible that they should be otherwise than symmetrical.

As a most positive proof of the relation of eruptions of the skin to nervous disturbance of a presumably trophic character, I have but to allude to herpes zoster. In this disease we find an accurate delineation of the course of the affected nerve by the eruption, and a very manifest local disturbance of nutrition of the affected tissues. Generally some portion of only one side of the body is affected by this disease. It is sometimes bilateral, and consequently of a more serious character than usual. Some of the later lesions of syphilis are unilateral; and, as will be shown by a case shortly to be described, almost as plainly referable to the distribution of a particular nerve as is the case with herpes zoster.

Professor Otis, following Biesiadecki and others, has shown that the predilection of syphilitical material for the papillæ of the skin, is due to the fact that it is at this point that the arterial, venous and intervening lymphatic capillaries come into the most intimate contact—in other words, that it is in the papillæ of the skin that the narrowest points in the circulatory and lymphatic flow are to be found. The affinity of the syphilitic process for lymphatic structures explains the rest; and we have at various points in the superfices of the body a localized heaping up of the so-called syphilized cells. We have, however, in the roseola, localized and circumscribed phenomena which are not satisfactorily explicable upon anatomical grounds. Why does not the roseola appear in one continuous blush over the entire surface of the body? Is it not because the impression of the syphilitic poison upon the system is manifested through a vaso-motor disturbance of the function of the sympathetic ganglia at certain terminals in the skin? Dr. Otis accepts the neurotic origin of the roseola, and it is a matter of surprise that he should seek for a local anatomical explanation of the development of, for example, the syphilitic papule. In view of the logical explanation of the roseola, would it it not be fair to infer that a similar condition of affairs prevails in the case of the other eruptions? That is, that, as a consequence of an impression made by the syphilitic poison upon the sympathetic ganglia, their trophic functions are disturbed with a consequent disturbance of nutrition and perverted tissue building at certain points upon the periphery or superfices of the body? I do not know whether this explanation of the secondary eruptions of syphilis has ever been advanced; but it has for some time appeared to me to be the most logical explanation of the phenomena of syphilis. It is particularly satisfactory, from the fact that it covers not only the roseola and papule, but every other lesion which may occur throughout the entire course of syphilis.

There is, perhaps, no morbid phenomenon characteristic of active syphilis which is more difficult of explanation upon purely mechanical grounds than the alopecia which occurs during the secondary period. Very few cases, if any, which are unmodified by treatment, escape this disagreeable symptom of the disease. Indeed, under the most careful and scientific treatment, a greater or less degree of alopecia is frequently observed. The shedding of the hair is limited chiefly to the scalp. The eyebrows are affected, but the beard is little, if at all, involved, as a rule. Other hairy parts of the body are not generally involved, even though there may be a quite general eruption over the surface of the body. Should destructive lesions occur in any situation supplied by hair, a temporary or even permanent shedding will be likely to result. The manner in which the hair is shed from the scalp is most striking and characteristic, in most cases. Instead of there being a general shedding, the process seems to affect the scalp in spots, as a consequence of which the head assumes an embarrassing piebald appearance, which he who runs may read. Otis and others attribute this alopecia to an accumulation of syphilized germinal material in and about the hair follicles, this deposit producing mechanical impairment of nutrition of the hair, as a consequence of which it is cast off. Strange to say, however, if this theory be correct, lesions of the scalp of sufficient prominence to attract attention are quite rarely associated with alopecia. A few small papules, pustules and crusts are occasionally found, but hardly ever in sufficient amount to account for the extensive falling of the hair.

It will be found, to be sure, that at the site of such lesions the hair invariably falls out. Now, it seems to me that, if the syphilitic material had such an affinity for the scalp as would be indicated by the theory of localized cell deposit, the cutaneous lesions of this portion of the integumentary surface would be especially pronounced. It is hardly probable that, in the presence of such an affinity for the hair follicles, a deposit of syphilitic material would accumulate to such an extent as would be sufficient to deprive the hair follicle of nutrition, and yet fall short of a sufficient amount to be perceptible externally. There may be, it is true, more or less accumulation of germinal material in the hair follicles, but there yet remains the necessity for an explanation of its deposition in this location.

From these considerations, I have been led to believe that the alopecia of syphilis is precisely similar to that which occurs in other diseases as a consequence of local malnutrition incidental to disturbed nervous supply and general malnutrition. In certain fevers for example, shedding of the hair is quite common during convalescence—perhaps well along in the period of convalescence. This is due to a general perversion of nutrition which must necessarily affect an epidermal structure of a low grade of vitality, such as the hair. This perversion of nutrition is in my opinion due to a greater or less extent to disturbance of the functions of the sympathetic nervous system—in other words, to a tropho-neurosis. Various morbid disturbances of the nervous system are known to affect the vitality of the hair. Thus, fright has been known to induce a blanching of the hair, unquestionably dependent upon perversion of the functions of the sympathetic ganglia. Neuralgic affections of the head are well known to produce both blanching and falling of the hair, perhaps limited to the distribution of the terminal filaments of a single nerve. As a further illustration of the relation of malnutrition, probably dependent upon perversion of the functions of the sympathetic nervous system, to falling of the hair, may be mentioned the alopecia resulting from the excessive use of arsenic internally.

The relative immunity which the beard of the male enjoys, as compared with the hair of the scalp, is probably dependent upon the greater intrinsic strength of the hair growth and the higher vascularity of the tissues of the face.

It would appear that syphilitic infection not only has a peculiar affinity for the sympathetic nervous system, but that this affinity is particularly marked in the case of the upper or cervical portion of the sympathetic. The proportion of lesions about the head, face and mouth is relatively much larger even under the best of treatment, than in other portions of the body. The parts supplied by the fifth cranial nerve appear to be especially susceptible. Very many of the cases with which I meet in private practice escape general cutaneous eruptions under appropriate treatment. Few, indeed, no matter how thoroughly they may be treated, are not affected at one time or another with lesions of the lips, inner surface of the cheeks, tongue, throat and scalp. I find that falling of the hair, sore throat and mucous patches are to be anticipated, in the larger proportion of cases, in spite of the most careful treatment. In my experience I have had very few cases in which, with conscientious attention to treatment, the patients have been annoyed by cutaneous eruptions, bone lesions, etc.; but I have had a number in which oral and pharyngeal lesions proved a source of great annoyance. Even in the late and seqular syphilides this same predilection for the structures of the face and throat is manifest. Cases are frequently met with in which the initiatory and active periods of the disease have been passed through without serious trouble, when serious destruction of the nasal, palatal and maxillary bones has developed suddenly and without warning. Many cases of serious destructive ulceration of the pharynx are met with, as remote manifestations of syphilis, in cases in which annoyance has been escaped during the earlier periods of the disease.

The affinity of the syphilitic process for the iris may possibly be explicable from the important function of those filaments of the sympathetic system supplied to this part; in other words, the local accumulation of cells in the iris may be incidental to disturbances of nutrition dependent upon the impression of the syphilitic poison upon the central sympathetic system.

[TO BE CONCLUDED.]

—Jambul, given to animals previously made diabetic by phloridzin, is said to correct the pathological excretion in animals experimented upon.

PNEUMONIA: ITS TREATMENT.

(THIRD PAPER.)

BY HIRAM CORSON, M. D.,
CONSHOHOCKEN, PA.

I do not wish to convey the impression that the means which I shall recommend for the heavy congestions and speedy inflammations which occur—the kind which so generally prove fatal under the reformed (?) treatment—are needful in all the cases included under the name pneumonia by many practitioners. I have in my mind measures to save patients from death who suffer from the most acute and violent attacks. I have read Prof. James Tyson's paper; and though it is, as all his writings are, earnest and full of thought, and though this one is so greatly in advance of the treatment by Prof. Osler, whose place as clinical teacher he now fills, I feel that there are a few opinions in it which he will abandon if he should chance to see the great relief brought to patients suffering from suffocation (such as was borne by young Mr. Blaine), by a judicious blood-letting. Such cases I shall present, and show how immediate the relief. , Again Dr. Tyson has said: "I am as much opposed to the *routine bleeding* in pneumonia as I am to the *let alone policy* of to-day," though he never bled a case. To this I answer, that we have no routine treatment, but conscientiously and under the guidance of long and successful practice with various measures, determine when any one, or more of them is needed, and use it unawed by popular clamor. Before reporting the cases so similar to Mr. Blaine's, allow me to say that I believe the popularity of some of the new medicines and opposition to the old depleting treatment of Professor George B. Wood, Professor N. S. Davis, and other eminent authors, grew out of the fact that many physicians called trifling bronchial affections pneumonia, prescribed some favorite arterial sedative, or aromatic spirits of ammonia, so relied on by Dr. Osler, or carbonate of ammonia, and as the patient got well, vaunted the remedy as useful in pneumonia. Then, when a real case like that of Rev. Dr. Vinton, Dr. S. W. Gross, Judge Mercur, Walker Blaine, or the many who have fallen victims to this boasted treatment, is met with, these medicines are tried and the patient is lost.

In the MEDICAL AND SURGICAL REPORTER of November 30, 1889, there is reported a clinical lecture by Professor Da Costa, describing a case which, on carefully reading, I could not regard as one of pneumonia. There was some pain in the side of the chest on *forced* inspiration; no rusty-colored sputum; but strong pains in the leg, below the knee, as the prominent symptom. It appeared to me to be a case of one who, from exposure, was beset by pains in various parts of the body with soreness of the muscles, and with general malaise, all of which might be remedied by an anodyne and a few hours' rest in bed, and the patient be put on his feet again. I hope your readers will read the case carefully and pass judgment on it. Distrusting somewhat my judgment in the case, inasmuch as it came from such a distinguished diagnostician, I wrote to three subscribers to the REPORTER, men of much experience and undoubted truth, for their opinions.

One of them, a man of distinguished ability and a practitioner of many years, wrote as follows: "As to the article to which you refer in the REPORTER, I am not at all convinced that the case was one of pneumonia. From the report of it, which at best is exceedingly indefinite to form any decided conclusions from, I should rather incline to regard it as a case of malarial fever, with congestion of the lungs as the complication which misled the diagnostician. At any rate, so far as drugs did any good, I think quinine was the one to which it could most reasonably be ascribed. I may say, too, that my assistant, who has been interviewed in regard to the case, is of the same opinion that I am."

The other two could not recognize the case as one of pneumonia. But why need I notice it? The patient recovered. Yes, he recovered, as many patients do even when we err in treatment. But I review the case to show that it is the regarding of such cases as pneumonia which leads to the belief that the medicines used in their treatment may be relied on in any case of that disease, and thus inexperienced physicians may be led to rely on them in acute dangerous cases, and the patient be lost. I have great respect for Dr. Da Costa, know how eminent he is as a diagnostician, but that is no bar to my holding an opinion different from his. I do not want the minds of students led away from the suffering lung in real acute pneumonia by diffused pains in other parts of the body—"or pain in the lower part of the right leg and foot"—or

even, in the "region of the ileo-cæcal valve." I have no doubt that this is now down in every note-book that was at the lecture, and hereafter, should one of the audience be called to a patient suffering pains in those places he will diagnosticate "pneumonia—with absence of rusty-colored sputum." If there are no means to cure such cases as those of Dr. S. W. Gross, Dr. Bruen, Judge Mercur, and scores of others with whom the reformed practice failed, then it is time to look about for something better than the present popular but inefficient treatment.

I shall now give the views of some practitioners well acquainted with the properties of the various remedies in favor now, and who have also had many years' experience—actual experience with other measures now so greatly and ignorantly denounced. How strange it seems to those who practiced when blood-letting was freely used in pneumonia and other inflammatory diseases, to hear men and—worse than all—teachers, who never saw it practiced, prate against it. "What do they say of it?" "That it is never necessary; that it is dangerous; that it does not give relief, but weakens the system, so that it cannot bear the depressing effects of the third stage; and that it leads certainly to heart-failure."

My object, now that I have shown that the disease is a congestion of the lungs quickly followed by inflammation, is to prove that the charges against blood-letting in the treatment of pneumonia and other acute inflammations of the body are not well founded, but that venesection is a most safe and efficient remedy, which, when judiciously used, prevents the third stage in pneumonia, and also heart-failure by curing the disease before either condition is reached—conditions which I have prevented many times. Surely there is no man, experienced in the treatment of pneumonia, who does not know that the disease can be arrested before the inflammation has reached the third stage: a stage in which Prof. George B. Wood has said, "It is doubtful whether recovery ever takes place."

The arterial sedative practice allows it to reach that stage when the patient does not die early, and he dies then or is crippled with chronic lung disease for life. Where persons are cured by blood-letting in the first or second stages, as they usually are when it is used, they come out of it with perfect lungs. And now for my proofs that we have means to cure the worst cases.

Dr. Wm. McKenzie, a graduate of the Class of 1871, University of Pennsylvania, doing a large practice, writes:

"*Case 1.*—I was called, January 6, to a German, 56 years old, who has always enjoyed good health, suffering with violent frontal headache, pain in the back and limbs, with tight feelings. With these symptoms I diagnosticated *La Grippe.* I prescribed for him, and by January 10 he was down-stairs. On January 13 I was called, and found him in bed breathing with difficulty. He had pain in left side, his face was flushed, and he said he had a chill the previous evening. His temperature was 103°, his pulse 118, and his left lung was filled with crepitant râles. I then saw that I had to do with what would soon be a severe pneumonia, and that if the inflammation was not speedily controlled it would result in death to my patient. I at once bled him freely. I usually bleed in a sitting posture and allow the blood to flow until fainting is produced, but in this case I allowed the man to lie down, and fully twenty-six ounces were taken before there was a change in the rate or character of the pulse. A large blister was then placed on the side and allowed to remain eight hours, then to be dressed with a poultice. When I called in the afternoon I found him very comfortable, breathing easily, with very little cough and only slight pain in the chest. The after-treatment consisted in an expectorant of muriate of ammonia and sulphate of morphia. He steadily improved, and convalesced in a few days. I have practiced since 1871, and every Spring and Fall have had cases of pneumonia to treat. With but few exceptions I have bled them all, and during all these years have had but three deaths. The above case illustrates my treatment. I make no account of age, but find that the old are just as much benefited by blood-letting as the young."

"*Case 2.*—M. S., 63 years old, feeble and much exhausted from nursing her husband, who was buried the day before I was called to see her. I found her with great difficulty of breathing and unable to speak above a whisper, with great pain in the chest and expectorating rusty-colored sputa. She was poor and had to rely on the neighbors for nursing. I resolved to bleed her, and asked for a basin. 'Oh, doctor!' said several of the women present, 'is she not too weak to be bled?' 'Never mind about her weakness; if I do not bleed her she will surely

die, and I propose to do the best for her.' I propped her up and bled her until she fell over in a faint. The arm was then tied up and she was placed in a horizontal position, and in a few minutes consciousness returned. I gave one-sixteenth grain of sulphate of morphia every three hours; and in a week she was well."

"*Case 3.*—While attending the last patient, R. B., 18 years old, and living in the next house, was taken sick. He was strong and robust. He had had a chill the evening before I was called, followed by high fever, rapid and bounding pulse, pain in the side, and expectoration of rusty sputa. He was freely bled, and in a few days was out again. Simultaneously with the last two cases, an aunt of the last one, living only a short distance away, was taken with pneumonia, and was attended by a physician who 'does not believe in blood-letting in any case.' She was a stout, healthy woman, forty-five years of age; and yet she died after less than a week's sickness. Judging from my success in the other cases, I am confident that, had she been bled judiciously, she would have recovered. I regard the responsibility of the doctor in this case as very great, as I was informed that the relations requested him to bleed her. He declined on the ground 'that no well-posted physician in this advanced age of medical knowledge would bleed a patient.'"

Dr. George N. Highley, a graduate of the University of Pennsylvania, 1881, and doing a large practice in Conshohocken, writes as follows:

"*Case 1.*—Pneumonia.—Mrs. S., about 45 years old, mother of ten children, much broken in health by hard work and frequent child-bearing, was taken with a chill in the night of April 8, 1889, and this was followed by high fever. She had complained of her left side for a day or two, and had a cough. I was called to see her on the morning of April 9. I found her lying partly on her left side, her countenance indicating much suffering, and she made great complaint of pain in the left side of the chest, which was measurably increased by movement and by the frequent hacking cough. Her pulse was 100, her respiration 32, her temp. 103°. Her expectoration was scanty, consisting of frothy mucus. Her skin was dry and her tongue coated. Auscultation revealed feeble respiratory murmur, or total absence thereof over the lower half of the left lung. There was dulness on percussion over the same region. Diagnosis: pneumonia. Treatment: half a grain of morphia and eight drops of tincture of aconite were given at once, and the following prescription was ordered:

℞ Potas. citrat. . . . . ℥i
Suc. limonis . . . . . f℥jss
Liq. morph. sulph.
Syr. ipecac . . . . . aa f℥ss
Aquam ad . . . . . f℥iv
M. Sig. A teaspoonful every two hours.

"The next morning, April 10, her case was alarming. She had had no relief from the treatment.[1] The pain and dyspnœa were very great; her pulse was 120; her temperature 104°; her respirations 45 or 50, and rusty sputa were expectorated. She believed death was near, and her distress was extreme. I now bled her about twenty ounces, and this gave her marked relief. The respirations immediately fell to 25; the pulse to 100. I then ordered one-fourth grain of morphia sulphate and the following:

℞ Ant. et potas. tart. . . . . gr. i
Potas. nitrat. . . . . ℥i
Syr. ipecac. . . . . f℥iii
Syr. pruni Virgin. . . . q. s. ad. ℥ii
M. Sig. Teaspoonful every three hours.

"The chest was covered with a layer of raw cotton on the first day; and no other local application was made during the woman's illness. I saw her twelve hours after the bleeding; she had then had some sleep and had been very easy all day. April 11, at 10 A. M., her pulse was 100; her respirations 22; she complained of soreness in the affected side; but had very little pain. I ordered two grains of quinine every three hours, alternating with the mixture. Her convalescence continued uninterruptedly. She was out of bed on the ninth day, and able to perform light house-work about ten days later. After the third day of her illness she was given milk, beef-tea, mutton-broth and the like. Before that time she had taken no food."

Dr. David R. Beaver, also a graduate of the University of Pennsylvania, of the class of 1864, and who has had a remarkably large practice from that time to the present moment, sends the following case, which occurred during the time of the *grippe* epidemic.

[1] Strange, wasn't it? as the treatment was of the "reformed" kind.—H. C.

"I was called to see Mrs. C., mother of several children, and about fifty years old, December 12, 1889, and found her suffering from the effects of a chill after a carriage ride late in the afternoon. I prescribed for her and saw her in the forenoon of the next day, when I found her suffering with severe pain in the left side, or lung. There was great dulness in the lower two-thirds of the chest and great difficulty in breathing. She also had pain in the head, and in fact a general congestion of the whole surface, with rusty-colored sputa; all indicating pneumonia or pleura-pneumonia. The pulse was 120, the respirations were 24, the temperature was 103°. Considering the full or plethoric habit of the patient, I did not hesitate a moment, but bled her twenty-two ounces by actual measurement. This gave her the greatest relief; and she so expressed herself. She went on to make a good recovery, and her immediate family and friends were astonished at the result."

Such are the reports made to me by three Conshohocken physicians, the only medical men whom I asked about their treatment of pneumonia. Before making any general remarks on them I feel that the readers of the REPORTER will desire to know why Dr. Beaver added the last clause to his report, namely, "her immediate family and friends were astonished at the result!" They were astonished because so many eminent persons have been quickly carried off by the disease, that the very name carries terror with it; and so generally has blood-letting in this and in all diseases been denounced by teachers in medical colleges and by their graduates during the last twenty years, that, although the family had great confidence in their physician, yet that he should use this dangerous remedy here, in this generally fatal disease, alarmed them, and they believed death, and not relief and recovery would result. Hence their surprise.

These cases, so successfully treated by the three Conshohocken physicians—not with two or three consulting physicians to help them and share the responsibility, but each one by himself—were of the same kind as those which have carried off hundreds of noble men since Dr. Vinton was lost. Let us fancy now that some of those denouncers of the means used by Drs. Beaver, McKenzie and Highley had had these cases in charge, what would they have done to relieve them, when they were laboring for breath and threatened with suffocation? The first step would have been to have a consultation; then perhaps—what? I can't answer. Possibly they would conclude to wait for the crisis, and, while waiting, to give stimulants—whiskey, etc., to support the patient until the crisis—I mean the living crisis, still two days off, should come; not seeing that the crisis by death was but a few hours away.

I am shocked by the mere thought of the scene. The poor man, helpless and threatened with death, lying before them, his lungs overwhelmed with blood, every vessel distended to its utmost, stretched and thinned until the blood is being forced through their coats and fills the bronchi to the exclusion of all air—as he thus suffocates, what will the reformers do for him? I await their reply.

TREATMENT OF TYPHOID FEVER.[1]

BY S. E. ROBERTSON, M. D.,
NEWARK, N. J.

In discussing the treatment of typhoid fever, it is necessary to indicate what objects we desire to obtain by our efforts. The variety of symptoms is very large. Are our main efforts to be directed to the lowering of the temperature, the checking of the diarrhœa, the quieting of the delirium, the controlling of persistent epistaxis, to allaying an irritable stomach, healing the ulcers, or perhaps, most important of all, to sustaining the vital powers of the patient against the inroads of all or any of the above? If it is true—as it appears to me to be—that typhoid fever is a self-limited disease, the last idea would appear to me to be the principal one in any line of treatment. In ordinary cases the disease runs a course of about three weeks, more or less, in accordance with the number and severity of the complications, irrespective almost of any efforts to the contrary.

Most medical men appear to be satisfied that the cause of the disease is a micro-organism, and the removal of the cause should end the disease. But we do not appear to be able to remove the cause before its allotted period; as the disease still holds the fort for its usual period of three weeks

[1] Read before the Practitioners' Club.

or thereabouts. Others say, reduce the fever, and the patient will rise. But that is apparently beyond our control. The efforts of others are directed against the diarrhœa; but with no better result; and we very often see a severe type of this disease where there is no characteristic diarrhœa.

Our efforts towards shortening the duration of an attack of typhoid fever being futile, let us glance over the histories of a few cases, in order that we may observe what causes tend to produce death: a result that we must strive to prevent, whether the course of the disease is shortened or not. I will give the reports of a few cases only, in order to show the routine followed, and then I will speak of a few of the so-called "specifics."

Case 1. Patrick K., 29 years old, married, laborer, came under observation August 11, 1889. For two weeks before he had complained of pain in his head, legs and back; had also had fever; had drank well-water only. Upon examination I found his pulse 124, his temperature 105° F. He had a dry, coated tongue and tympanites; had had no diarrhœa, and there were no abdominal spots; but he had great thirst, and intense headache. I suspended my diagnosis and gave potassia bromide, grs. xx, every four hours, and antifebrin, grs. v, twice a day for two days. The temperature was 104° F. in the evening of the second day. The patient now had clay-colored stools frequently, and nose-bleed. I diagnosticated typhoid fever, stopped the antifebrin, and continued the bromide as before, with milk and brandy in as large quantities as the patient could take.

August 15 the temperature was 100° F. in the morning, with an evening exacerbation. August 19 the temperature was normal, and for five following days, when the patient's wife gave him a small piece of cake. That night the temperature was 106° F., but in four days it was normal again; and the patient rapidly convalesced.

Case 2. E. J., 27 years old, married, laborer, came under observation August 11, 1889. The patient was so weak that he was not questioned regarding his previous history. Examination disclosed the presence of hypostatic congestion of both lungs, persistent cough, rose-colored spots upon the abdomen, tympanites, a temperature of 103° F., and a pulse of 130. I ordered antifebrin, grs. v, night and morning, also spirits of nitrous ether and liq. ammonii acetatis, ʒi, each every two hours, milk and brandy, and counter-irritation to the chest. August 13, the temperature in the evening was 105°. August 14, it was 103° F. in the evening. August 15, it was 101° at noon, and the pulse 84. I ordered ammonii muriates grs. x, and tr. digitalis ♏ v, every three hours. August 17, the temperature was 106° F. in the afternoon, and I stopped the antifebrin. August 18, the temperature was 103° F. in the morning, and the patient had frequent clayey stools. From this out temperature gradually receded, until August 31, when it became normal and stayed so, the patient being well.

Case 3. L. G., 24 years old, single, came under observation August 11, 1889. The patient stated that he had not been feeling well for ten or twelve days; he had headache, pain in the back and limbs, epistaxis, diarrhœa, light, clay-colored stools, tympanites, dry, furred, brown tongue and rose-colored spots on the abdomen. Diagnosis: typhoid fever. The temperature was 104° F., the pulse 126. I ordered milk-diet and brandy, also carbolic acid, gtt. ii, in glycerine every four hours and cold sponging as required. August 12, the patient has had severe epistaxis; his temperature was 102° F., in the morning. August 15 the temperature was 104⅘° in the afternoon. I ordered antifebrin, grs. v, twice a day and free stimulation. August 17 there was no diarrhœa. The patient was delirious, the temperature 104⅘°, the pulse 160. I ordered tr. digitalis ♏ x; ammon. carb., grs. v, every two hours. August 18 the temperature was 105⅘°; the pulse could not be counted. August 19 the patient died of exhaustion.

Case 4. M. B., 22 years old, single, laborer, came under observation July 26, 1889. For two weeks before admission he had had pains in the back, legs and head, slight diarrhœa and no appetite. Upon examination he was found to have a temperature of 104° F. and a pulse of 130. July 27 he had severe diarrhœa and nose-bleed, tympanites, a few rose-colored spots on the abdomen, was delirious and violent; his temperature was 104° F. I ordered acid carbolici, gtt. ii, in glycerine every four hours; quiniæ sulphates, grs. v, tod., milk-diet and brandy. There was no change, except gradually lower temperature, until August 7, when the temperature was 100° F. Delirium had ceased, there was slight diarrhœa; and the pulse was 76. August 10 the temperature was 99°, and it kept so for five days, when the patient developed a

small boil on his forehead, and by August 22 the temperature rose to 103½°. The boil was opened, and the temperature gradually sank to normal by August 28, the patient being well.

Case 5. J. R., 19 years old, came under observation August 20, 1889. For two weeks he had had severe headache, pain in the back and limbs, diarrhœa, nose-bleed, high fever and constant vomiting. I diagnosticated typhoid fever and ordered oxalate of cerium, gr. ii, every hour, and what milk and brandy he could retain. For nine days this patient's stomach rejected almost everything given him; but the temperature, which was 104⅘° F., when he was first seen, gradually came down to 101° F., when he began to retain milk and brandy in moderate quantities and his temperature gradually fell to the normal point in ten days more; the diarrhœa stopped and the patient gradually convalesced. During this time his pulse was several times so weak and irregular that it could not be counted.

In the consideration of these cases, it will be noticed that milk and brandy were constantly used in the treatment of each case, and the departure from such a diet (*i. e.*, a liquid diet) was followed by a return of all the severe symptoms, and it is my desire to impress the fact that a strictly liquid diet appears to have a very important bearing upon the treatment of typhoid fever, as well as in all other acute febrile diseases.

In the first case antifebrin for two days, bromide of potash and liquid diet were the only means used; and when the liquid diet was interfered with—slight though the interference was—there was a return of all the symptoms, with a greater degree of severity. Some have extolled antifebrin as a specific in this disease; but in a large number of cases, in which I have seen it used, I have not once seen either a permanent or a prolonged reduction of the temperature; and, I fancy, I have always observed a certain amount of depression, and in several cases, great depression has followed its administration.

In the second case the patient was almost in collapse, and a further trial of the antifebrin was made, combined, however, with a stimulant preparation of ether and ammonia; but the temperature still rose, the antifibrin was stopped, and cold baths, free stimulation and liquid diet were ordered, with a happy result. In this case the antifebrin appeared to have an almost immediate depressing result after each administration of it. In the third case we have a severe typical case of typhoid fever, in which all the remedies mentioned above were tried, as well as one of the recent specifics, carbolic acid; but, notwithstanding all, death ensued. It is but fair to state that this patient, before coming under observation, had been drinking and eating, and living in a way contrary to the recognized laws of health; and the shock was more than his impaired constitution could withstand. In the fourth case, a counterpart of the third case—where quinine was substituted for antifebrin, the patient recovered in the usual time: a strictly liquid diet being insisted upon.

In case V, where the temperature was very high and persistent emesis was the most troublesome symptom, the oxalate of cerium was the only medicine used; fluid diet and full stimulation being carried out as fully as the condition of the stomach would allow.

In the treatment of some fifty odd cases of typhoid fever seen in hospital and private practice, where there occurred five deaths, I have come to place the most confidence in the following routine, varied for special cases: In the second week, which is the time when we are usually called, I prescribe quinine, sulph. gr. v, thrice daily, cold sponging several times a day, milk and brandy as freely as possible. If there is diarrhœa of more than four stools a day, paregoric ʒi is given after each stool; if there is great depression, digitalis and ammonia are given. Fresh air, warm bed-clothes and frequent changing of the bed-clothes are provided for. If there is hemorrhage from the bowels, five drops of turpentine are ordered to be given every hour with opium and absolute quiet. The quinine acts only as a tonic, I think; although it is given by some as a germicide. The sponging produces diaphoresis, and acts also as a tonic when not carried too far. In one hospital where the windows were removed from the fever wards, the mortality was *nil* in eighty cases, and in another fever ward in the same hospital, under the same physicians, the mortality was 22 per cent., showing a decided benefit from the fresh air.

Antipyrin has been greatly praised in typhoid fever, as an antipyretic, nerve sedative and germicide. I have used it in two cases, and found it had a quieting effect; but the range of temperature was not reduced, nor the time of convalescence hastened. Carbolic acid is perhaps more used than any

other antiseptic. I have seen it used extensively, and I must say, I have never observed any change in the condition of any patient when its use has been commenced or stopped. Tincture of iodine has been used alone and with carbolic acid with favorable results. I have not used it—I have used salicylate of soda instead of quinine, and have had about the same results as from quinine; but I think the stomach does not tolerate the salicylate for so long a period as it does the quinine. I have observed considerable irritability of the stomach from the salicylate of soda in typhoid fever. Calomel and bichloride of mercury have been used extensively years ago in this disease; and although they have fallen somewhat into disuse, I observe they are being highly spoken of in this connection in recent articles. Some writers recommend calomel in large doses during the first week of the disease, and in small doses later on: the idea being to get its germicidal virtues after thoroughly emptying the intestines. Bichloride of mercury in very small doses throughout the disease is said by its patrons to lessen the mortality and to decrease the severity of the symptoms. Thallin, boric acid and eucalyptus are also highly spoken of. Cocaine has been recommended by Da Costa as ameliorating the symptoms and hastening convalescence; but there has been urged the objection of its uncertain toxic effects. One writer states that the temperature is increased upon the ingestion of fluids; another takes the reverse as the basis of a long article upon the treatment of fevers generally and of typhoid fever in particular. The use of oxygen would appear to be rational; and it has been used, especially for its effects upon the temperature; while certain writers advise the administration of air containing an excess of nitrogen for the same effect, and probably pure air alone would be beneficial.

Nevin recommends good nursing, removal of irritation, and means to lower excessively high temperatures, with alimentation, as the chief requisites. Austin Flint has recently attracted considerable attention to his vigorous support of the so-called alcoholic treatment, upon physiological grounds alone; and, in such a manner, we could find fair authority for almost any treatment of typhoid fever: bleeding not being excepted. But it appears to me that the treatment of Nevin and Flint combined will show as small a death rate as any other.

PERISCOPE.

Simple Truss for Hernia in Children.

One of the most interesting, and, at the same time, one of the most important subjects in connection with the surgery of childhood, is that of congenital inguinal hernia. At the meeting of the Medical Society of London, held Feb. 3 and reported in the *Medical Press and Circular*, Feb. 12, 1890, Mr. Edmund Owen delivered the third Lettsomian lecture, in which he spoke at length on this subject. Mr. Owen said that at the outset of his remarks he would urge the expediency of regarding the defect not as a pathological entity, but merely as a sign or symptom. Generally it is but the sign of arrested development in connection with the obliteration of the funicular process of the peritoneum; often it is a symptom of some oft repeated and straining expiratory effort, such as that associated with whooping-cough, diarrhœa, chronic constipation, rectal polypus, vesical calculus, or impeded micturition. Therefore, in every case of congenital hernia, the surgeon should make it his first duty to try and discover the cause of the protrusion, and promptly direct his attention thereto. If the only discoverable cause be a patency of the funicular process, the surgeon will help the case by applying a little pressure over the inguinal region, so as to prevent further descent of the bowel and thus give the tubular process the opportunity of completing its obliteration. Mr. Owen said that he recently had had a male infant under his care in whom he had produced an inguinal hernia by applying an appropriate bandage for the treatment of a troublesome umbilical rupture. When first seen by Mr. Owen, the infant was apparently sound in the inguinal region, and there was no history of his having had, at any time, any other protrusion than that of the navel, which, by the by, demanded unusually firm repression; but when this, at last, was firmly imprisoned, the bowel escaped by the scrotum. Mr. Owen does not remember having met with any other case in which a second protrusion had been brought about in this manner. Doubtless, as development proceeded, and the abdomen obtained its proper proportion, there would be ample accommodation for all the viscera.

At an early period of intra-uterine life the abdominal cavity is for this purpose alto-

gether inadequate, and that, being open in the front, the viscera remain for a considerable time spread upon the front of its anterior wall, and that afterwards, as growth increases, space is arranged for their reception within the embrace of the abdominal walls. After birth if the three chief apertures are not securely closed, forced expulsive efforts are apt to drive a knuckle of bowel, or something more from the interior of the general cavity.

With the view of diminishing the risk of violent expiratory efforts, the surgeon will try to arrange that the infant takes enough food to prevent his crying for more, and yet not enough to make himself strain with vomiting. He will also keep the infant as much as possible in an horizontal position.

For tender infants spring-trusses are ill-suited; the necessary pressure may be usually obtained by employing a skein of wool after the manner described by Mr. Lund and originally suggested, I believe, by the late Mr. Coates, of Salisbury: A folded skein of Berlin wool should have the loop laid over the emptied inguinal canal, the ends being carried across the abdomen above the crest of the ilium, of the sound side, across the back, and then forward along the crest of the ilium of the ruptured side. The ends are then passed through the inguinal loop, and carried backward round the inner side of the thigh, and across the buttock, to be firmly secured to that part of the skein which is already just above the great trochanter. The infant can be washed with this truss on, a fresh one being subsequently applied. Mr. Owen said that his experience with this simple apparatus is that the monthly nurse, or child's nurse, quickly sees its value, and interests herself in applying the skein; that there is no fear of its making the child sore, or of hurting him, and that with average skill and care, its compression can be directed in so exact and efficient a manner as in time to produce effacement of the weakness.

Supposing that there is a tight prepuce, the indication for treatment is obvious. If, after the most careful inquiries, no cause for the hernia can be discovered, and if the use of the skein of worsted proves disappointing, a truss must be carefully chosen and adjusted. If the hernia be troublesome the compression should be enacted by night as well as by day, for it is great matter never to give the bowel the chance of coming down. As a rule, the truss which the instrument maker chooses for the child is needlessly strong in the spring, and the skin becoming red and sore all pressure has to be remitted for a while. This is, of course, most unfortunate. Occasionally I have seen an extensive ulcer marking the site at which the pad pressed. The band and pad of every truss should be covered with a soft piece of linen, and the area of skin which is pressed upon, should be washed and dried with extra attention, and then dusted with violet powder.

It is a matter of almost daily experience that with the exercise of due care, in the choice of the truss, and with patience in its subsequent employment, the child may be expected to "grow out of" his trouble. It will be impossible to say at the outset when the cure will be effected. Many children lose the defect within the first year; in some the treatment has to be carried on through several years, and in others the cure does not arrive till puberty. Lastly, there are some cases in which, though manhood has been reached, the truss must not be discarded.

Occasionally one sees a child wearing a truss where there is absolutely no need for pressure in the inguinal region, and where its employment must therefore be harmful; when, the funicular process of peritoneum having been obliterated, the risk of descent of the bowel has become a thing of the past. And, further, on rare occasions a child is found wearing a truss who has not, and who never has had, any inguinal hernia whatever.

The class of cases in which this last error is most likely to be committed is that in which the peritoneal process has been occluded at the internal abdominal end and also over the lower part of the cord, but in which the intermediate portion is dilated into an encysted hydrocele. It is by no means easy in some of these cases to make up one's mind as to the nature of the rounded tumor, especially if it be lodged within the inguinal canal, and, therefore, beyond the reach of examination by a lighted taper. But the fact of the tumor remaining of the same size day after day, and of its being irreducible and hard, without the chill exhibiting symptoms of strangulation, is generally sufficient in the way of diagnosis. In such a case the introduction of the hollow needle of a hypodermic syringe resolves the tumor and the doubt.

Impotence.

Impotence, or, as it is sometimes called, sterility in the male, may be classified under two heads: aspermatism and azoöspermism. In aspermatism no ejection of seminal fluid occurs during coition. This may be because no semen finds its way into the urethra, or it may be because its ejection from the urethra has, in some way, been hindered. Four varieties of aspermatism are known: First, those arising from defects of the ejaculatory ducts, severe urethral stricture, or phimosis. Second, atonic spermatism, resulting from an inexcitability of the ejaculatory centre. In such cases there is a general neurasthenia, and the cells of the ejaculatory centre are weakened and incapable of work. Third, anæsthetic aspermatism, due to a loss of sensibility of the penis, so that for want of peripheric reflex an injection of semen is rendered impossible. The fourth cause of aspermatism is referred to a psychical origin; the hypothesis being that a lesion in the brain itself prevents the seminal emission.

In azoöspermism there is an injection of semen during coition, but it is unfruitful. This is due to an entire absence of spermatozoæ, or, if present, they are either dead or possess a vitality insufficient for fecundation. Among the causes of such a condition may be named the following: cachexia, bilateral anorchism, or absence of the testicle, carcinomatous degeneration of the testicles, tuberculosis, syphilis, traumatism, and severe atrophy of the testicles. An absence of spermatozoæ in the semen may also be due to a closure of both seminal ducts, this condition frequently follows after double gonorrhœal epididyemitis. Finally, severe cystitis may cause the death of the spermatozoæ immediately after their ejection.

The importance of the foregoing explanation is evident from the history of the following case, which was reported by Dr. E. Caspar, of Berlin, to the Berlin Medical Society, Jan. 13, and quoted in the *Wiener Med. Presse*, Feb. 2, 1890.

The patient was a man 32 years old who consulted Dr. Caspar in February, 1888, about the possible causes of his unfruitful marriage. The patient's wife had already been examined by a gynecologist, who had failed to find any cause for her childlessness. The patient gave a history of an attack of gonorrhœa, eight years before, which had resulted in cystitis, left epididymitis and urethral stricture. Otherwise the patient had always enjoyed good health. There was no history of syphilis. The man had been married for two years; he had practiced sexual intercourse with regularity, and coition was always completed by an emission of semen, but, as yet, his wife had not become pregnant. On examination it was found that the patient's genital organs were well developed and his urine normal; his heart and lungs were also found to be sound. All the lymphatic glands, however, were considerably enlarged, especially those of the inguinal region; the posterior wall of the pharynx was also observed to be inflamed, dry and shining, and a small irregular shaped ulcer was found on the left tonsil. A diagnosis of secondary syphilis was given. Dr. Caspar then examined the freshly emitted semen of the patient and was unable to discover any trace of spermatozoæ in it. The impotency was therefore due to azoöspermism. As the above mentioned causes for azoösperism were not applicable in this case, it was concluded that the functional disability of the generative glands was due to the presence of the specific disease. The subsequent result of an active anti-syphilitic treatment proved the correctness of this theory. The patient was put on a course of mercury and iodides.

Three months later the symptoms of syphilis were found to have almost entirely disappeared. The semen was again examined, and a few sluggishly moving spermatozoæ discovered. The azoöspermism had, therefore, changed to an "oligozoösperism." The administration of iodides was stopped, and when, a month later, the semen was again examined the number of spermatozoæ was found to have greatly increased and their activity was normal. The patient's wife now soon became pregnant. The child, when born, showed symptoms of hereditary syphilis.

It is evident, from the above case, that the functional power of the testicle may be impaired by the syphilitic poison, and azoösperism be the result. The same condition has been observed to be brought about by the habitual use of morphine, and, in the latter cases the spermatozoæ again appear in the semen, as soon as the drug is discontinued.

According to Lewin, spermatozoæ will be found to be absent from the semen of fifty per cent. of syphilitic, although otherwise healthy, men. Further researches in this

line may tend to make the therapeutics of impotency of greater efficacy than they have heretofore been.

Injections in Acute Gonorrhœa.

The *Lancet*, Feb. 15, 1890, states that Dr. L. Friedheim, assistant in the clinic of Professor Neisser at Breslau, who has made a large number of observations with several drugs, such as zinc, lead, bismuth, tannin, various preparations of mercury, permanganate of potash, creolin, etc., to test their astringent effect as well as their capacity for destroying gonococci, is equally dissatisfied with all the usual drugs. They all had either no permanent effect in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. Dr. Friedheim reports on 318 cases treated with this drug, 237 of which proved its antibacterial effect satisfactorily. Unfavorable results were chiefly obtained with out-patients who lived in unsatisfactory circumstances. The following is the method pursued in Professor Neisser's clinic:—Every acute gonorrhœa is immediately treated with an injection of nitrate of silver of the strength of from 1 in 4,000 to 1 in 2,000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter and more epithelial. The gonococci decreases in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from four to six times a day, and are then reduced to one or two in the twenty-four hours, when at the same time a mild astringent like zinc or boric acid is injected; but even after entire cessation of the discharge, the nitrate of silver is still injected once a day for many weeks. The proper regimen must be followed for an equally long time. The injections are administered even when complications occur, especially epididymitis.

Need of Examining Boards.

The *Northwestern Lancet*, February 15, contains a number of answers made by graduates of medical schools to questions of the Minnesota Medical Examining Board. They confirm the demonstration of other Examining Boards that State examinations are needed to protect the community against the ignorance of men who seem to have no trouble in getting diplomas. Some of the answers follow:

"Symptoms of odema of the glottis are that the patient feels husky and has sore throat. I would amputate it if necessary. I would do the operation within three or four months, if it was a bad case."

"The dose of morphia sulph. for a child of five years, hypodermically, would be one-fourth grain, and if that doesn't give relief, I would give one-half grain."

"The dose of antipyrin for a child five years old is fifteen grains every three hours."

"The pulmonary artery is a branch from the great arto, fully supplying the lungs with arterial blood."

"The kidney is a muscular formation, in shape oblong, color quite dark, weight about one pound to one and a half, but may vary considerable."

"Parts severed in amputation at upper third of thigh—just avoiding the insertion of the glutei musels, passing through the Taylor's musel, periostum and femer."

"The sympathetic system is composed of all the filament of nerves that start from the spinal cord, and are distributed to all parts of the system, especially the brain. The cervical portion ramifies the encephalon in general. The dorsal portion ramifies the anus."

"Extra Uterine pregnancy may be a fungoid groth or tumor fibroid in its character or any extra groth in the uttrous would be called extra uterine pregnancy."

"Trismus neynatorum—a peculiar trouble of the eye, generally congenital, falling of the lids giving a unnatural look to the ordinary face of a child."

Q. "Give the distinctive histological features of carcinoma." A. "Carcinoma will show a general dropsical condition. Transparent condition of all the fluids except the urine which may show considerable deposit, scanty and hot. The patient's puls heavy, large, does not care to move."

"Tubercle of lung is supposed cause of consumption and the one generally advocated, and preventive treatment is any that will burn up them or destroy them I am a believer in alcohol but the why and its action I am unable to give."

Q. "How would you tell Sulph. Morphia from Sulph. Quinia?" A. "Sulph. Quinia is white flaky glistening. Has a metallic look. Tastes bitter. Never saw any pure Sulph. Morphia in my life. Have no use for either."

THE
MEDICAL AND SURGICAL
REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,
P. O. Box 843. Philadelphia, Pa.

LEPROSY AND LEPERS.

Within the past few years we have frequently had occasion to refer in the REPORTER, both editorially and otherwise, to the subject of leprosy, and have especially discussed the question of its asserted contagiousness. In the issue for November 9, 1889, we maintained that this disease ought not to be spoken of as contagious in the ordinary acceptation of the term, although admitting that very possibly it may be communicable from one individual to another under certain circumstances. At that time we also spoke of the opinion held by some pathologists that leprosy is a very contagious disease. The dread of this disease has agitated the minds of many of the profession, both in this country and in England, and it has been spread among the people to an extent which we regard as to be much regretted. In the latter part of 1887 it was discovered that two lepers, a woman and her daughter, were in the city of Philadelphia, and notwithstanding the suggestions of medical men who knew something about leprosy, they were quickly dispatched to the Municipal Hospital, where they were isolated and treated with a caution more extreme than if they had had small-pox. After guarding the patients with exaggerated and absurd vigilance the authorities began to bestir themselves as how best to get rid of them. The Captain of the ship which had brought them to the United States was at last induced to take them away again; and the authorities so far abandoned their previous position in regard to the contagiousness of the disease as to send the patients to the port where the ship lay, in an ordinary passenger train, filled with other unsuspecting travelers, from whose scrutiny the patients were hidden by thick veils.

Very recently, the old fear has once more seized the health authorities of Philadelphia, and its people, and the daily papers have announced that the bacillus of leprosy is at large among us again. This time the unfortunate victim is a Chinese laundryman, who, being attacked with facial erysipelas and forsaken by his countrymen, was removed to the Philadelphia Hospital for treatment. Here the possibility that the man was a leper was recognized, and microscopical sections of the suspected lesions were examined day after day until the bacillus of leprosy was found. As soon as this was known, the man was hurried off with all speed to the Municipal Hospital for contagious diseases.

The interest of the REPORTER being aroused, we sent a representative—who had resided in China for several years, and had had opportunity to see a great deal of the disease—to the Municipal Hospital to investigate the case. Any one who has lived in China knows that in that country leprosy is very common, and that it is diagnosticated

without any search for the bacillus, since the disease, when at all advanced, may be recognized with great ease. On the streets in Chinese towns, lepers are more common than blind men are here. They come into the shops and grovel on the floor before the shoppers, beating tin cans to attract attention, and exhibiting their deformities. They are licensed paupers, and the shopkeepers have no right to order them out without giving them some alms. So a resident in China, especially if he is a frequent visitor to the Chinese towns and does not confine himself to the foreign settlements, soon finds himself familiar with lepers and leprosy. Through the courtesy of the officers of the Hospital our representative was at once shown the Philadelphia patient. After traversing long halls and going up several flights of stairs and through a number of doors, each of which was closed with scrupulous caution, probably to guard against the exit of the microbe, the ward in which the leper was confined was finally reached. The nurse in charge was summoned, and, to our representative's amusement, donned a huge pair of rubber gloves before going near the patient.

A slight examination was quite sufficient to show that the case was one of well-marked and fairly developed leprosy, of the type usually met with in China. The hands and feet of the man were principally affected. The left hand, according to the patient's own statement, had been contracted by the disease for a year. The feet had been affected for a "very long time." The Chinaman said he had been in the country for fifteen years; and if so, it is very probable that he came here a leper. Had it not been for the attack of facial erysipelas, and the loss of the use of his feet, he would be still at work in his laundry as he has been during all these years without doing anybody harm.

The facts of the present case confirm our opinions as to the impropriety and folly of speaking or acting as if leprosy was a contagious disease—in the usual acceptation of this term.

The unwarranted fear which has governed the authorities of Philadelphia, and a few other cities of the United States, upon the discovery of isolated cases of leprosy furnishes a sad commentary upon the state of knowledge in regard to leprosy which prevails in the ranks of the medical profession in this country. We have done what we could in the columns of the REPORTER to present to the profession what is known, as well as what is thought, by those who are most familiar with the disorder. We have not withheld the information that a number of distinguished observers in various countries speak of leprosy as a contagious disease; but we have repeatedly stated what a careful study of all the evidence seems to us to show plainly—that is, that if contagious at all, leprosy is so in such a slight degree that no one in this country need be much afraid of it, and that such extreme precautions as have been practiced at times by the health authorities of American cities are unjust to the subjects of the disease and injurious to the community.

REFORM IN MEDICAL EDUCATION AND ITS OPPONENTS.

Our wide-awake and plain-speaking contemporary, the *Medical Standard*, of Chicago, April, 1890, says: "A demagogic attempt is now being made to repeal a law requiring preliminary examination of persons preparing to enter upon the study of medicine by the regents of the New York State University. Dr. Austin Flint advocates the repeal of the law for the following reasons:

"The law affects the four medical colleges in New York and Brooklyn. Out of 2,318 students and 627 graduates in the entire State in 1889, these colleges had 1,921 students and 528 graduates, or about 80 per cent. of the whole number. Yet the bill requiring preliminary examinations was passed without their knowledge or consent. It

works especial injury to non-residents who come to New York to complete studies begun elsewhere. The non-resident students in the metropolitan colleges number 942, or about one-half of the whole; in the country colleges only 31. In the city colleges last year 293 non-resident students were also graduated; so that the continuance of the preliminary examination law is likely to destroy New York's prestige as a centre of medical education and drive students to Philadelphia. The New York students now spend annually $1,000,000 in the city, and support hundreds of families about Bellevue Hospital.

"Such an attempt to enlist local jealousies against a law, which every educated man cannot fail to see is beneficial to profession and public alike, is decidedly inconsistent with the ultra zeal Dr. A. Flint has avowed on behalf of medical orthodoxy. The New York county medical societies which had the law enacted, will doubtless prevent its repeal. In any event, this action of a leading light of the American Medical Association deserves the attention of that body on professional grounds."

In the same connection we note that the *Journal of the American Medical Association*, April 12, contains a very vigorous editorial on the same subject, which will hardly be enjoyed by those who prefer selfish and local interests to the advance of reforms. On the other hand, those who are laboring for the elevation of the standard of medical education, and of the medical profession in the United States, and especially those who have shown a willingness to sacrifice something in this good cause, will rejoice to see that almost all over the country the supporters of the cause are multiplying, and its opposers are losing ground.

Every American city in which the standard of medical education has been, or is being raised would be glad to have the co-operation of the New York medical schools, and hope to have it before long, notwithstanding such unfortunate utterances as have recently come from Professor Flint. Meanwhile the reform is advancing, and it is only a question of time when it will prevail over all the opposition which has been made to it.

STRANGE PICTURE OF TYPHOID FEVER IN THE UNITED STATES.

At a meeting of the Medical Society of Berlin, held Feb. 26, and reported in the *Bulletin Médical*, March 12, 1890, Dr. Kronecker read a paper on the difference in the manifestations of typhoid fever in the United States and in Europe.

Having passed a year, he said, in the German Hospital of New York City, he had observed marked differences in the evolution of various infectious diseases, but especially in typhoid fever. He then gave the following remarkable account of his observations. In New York, the onset of typhoid, he said, is sudden and without any prodromic period. The patient complains of headache and lumbago; while vertigo, vomiting, and high fever are also present, and frequently diarrhœa occurs within the first twenty-four hours. In short, within a few days, the patient presents the typical picture of typhoid fever. The temperature is also much higher than in European typhoids; temperatures of 106.5° to 107.2° F. being not rare. Some patients, he said, recover after a period of illness, during which the temperature never sinks below 104°.

Defervescence, said Dr. Kronecker, seldom occurs until the twenty-eighth day. In some cases the type of fever is distinctly intermittent. The pulmonary complications observed are most serious; adynamia and coma are very frequent complications. The delirium is frequently of a violent character. This is explainable, he says, by the alcoholic habits of the population; and the frequent occurrence of collapse and the necessity for the frequent administration of excitants may also be attributed to the same cause. Baths, if at all employed, he says, must be used with great caution. The eruption of typhoid

spots is generally so abundant that the cases might be easily mistaken for exanthematous typhus fever. Intestinal hemorrhages are rare; but when they occur they are excessive.

It is not surprising that such a report should be deemed worthy of a full and prompt presentation by the correspondent of a French medical journal; but we can hardly understand how it could have been made by any careful observer. It is possible that, when Dr. Kronecker was at the German Hospital in New York, he found such typhoid fever there; but to present it as the common type of typhoid fever was a great mistake. We would be astonished to find it the type even in the German Hospital and it certainly is not the type throughout the country.

Dr. Kronecker's representation of the type of typhoid fever in the United States being so erroneous, it is, of course, not worth while to discuss his explanations. These, as well as the premises upon which they rest, are alike examples of the danger of loose observation and hasty generalization.

THE GRIPPE AS A PNEUMOGASTRIC NEUROSIS.

The universal attention which has been given to the recent epidemic serves to emphasize two things: First, the affinity of the poison, or cause of whatever sort, for the nervous system; second, the frequency of pulmonary, cardiac, gastric and intestinal complications. The symptoms which are most characteristic in the grippe are: A sudden and unaccountable appearance of severe headache, pain in the neck, spine, legs and feet; a tired and weary feeling throughout the whole body, accompanied by chilliness, fever, dizziness, staggering and inability to stand; an indifferent and listless state, as if the patient were passing through a siege of great nervous prostration; a laborious respiration associated with bronchitis, pneumonia, pulmonary œdema, etc., but out of all proportion to that which would be expected from the amount of lung lesion present; a frequently and irregularly acting heart; tachycardia; violent abdominal pain; vomiting and severe diarrhœa; sudden collapse; and death from respiratory and cardiac failure.

It is interesting to observe in this relation that M. Huchard (*Revue générale de Clinique et de Thérapeutique*, January 16, 1890) connects all these various phenomena with the theory that the poison of the influenza explodes on the central nervous system and peripheral nerves, but attacks the pneumogastric nerve most violently, and through its pulmonary branch produces pneumonia, hemoptoic pulmonary congestion, pulmonary œdema, bronchial paralysis, and a pertussis-like cough; through its cardiac branch, syncope, intermittence, bradycardia, tachycardia, anginiform disturbance and sudden death; and, through its gastric and intestinal branch, vomiting and various gastro-intestinal disorders.

This theory is also maintained by the eminent Dr. Graves, of Dublin, and by M. Vovart, of Bordeaux, and is in entire accord with our knowledge concerning the influence which vagus disturbances exercise over the pulmonary organs. Section or irritation of these nerves produces pulmonary hemorrhage, œdema and pneumonia in animals and in man. Quite recently this fact has also been brought conspicuously before the profession by the writings of Dr. Thomas J. Mays, of this city, who holds to the view that not only bronchitis, pulmonary œdema and pneumonia are the legitimate consequences of pneumogastric disease, but that pulmonary consumption owes its existence to the same source.

We believe that these investigations in regard to the nature of influenza have an important bearing on the future etiology and pathology of pulmonary and cardiac diseases; and in these days when the cause of every disease is sought in the vortex of bacillary infection, it is refreshing to find that

efforts are made to trace an anatomical relation in disease, which in itself serves as a key to, and points out the natural sequences of, morbid changes. This is the true aim of scientific investigation, and medicine will advance only when this principle is fully recognized and put into practice.

Book Reviews.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the Reporter.]

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI. Thirty-second Annual Meeting, Springfield, Mo., May 21. 8vo, pp. 218. St. Louis: Ev. E. Carreras, 1889.

The Transactions of the Missouri Medical Association deserve more than a passing notice. The character of the essays, of which there are twenty-two, is far above the average, and speaks well for the scientific standing of the profession in Missouri. We would fain review the merits of each essay; but lack of space forbids. The papers on the subjects, Antiseptic Medicine, by Dr. E. W. Schauffler, of Kansas City, and Comparative Tuberculosis, by Dr. Paul Paquin, of Columbia, are of great interest and well up to date; while Dr. A. H. Ohmann-Dumesnil's paper on Alopecia Areata, and Dr. Robert Barclay's paper on Precepts of Aural Practice, are of great practical value. The results reached by Dr. R. E. Young, of Nevada, in his paper on the Causes of Insanity, are based on an investigation of 21,190 cases of insanity. Ill-health, intemperance, the puerperal condition, uterine disease, epilepsy, heredity, menopause and masturbation were found to be the principal physical causes of insanity; while domestic troubles, emotional excitement, religious excitement, financial trouble and grief were found to be the chief moral causes. Out of 21,190 cases of insanity, 9,858 resulted from physical causes, and 4,611 from moral cause; while in 6,721 cases the origin of the disease could not be determined.

A paper which shows very careful study, and is of great scientific interest, is the one by Dr. L. Bremer, of St. Louis, on Traumatic Neurosis, or Railway Spine. The Association may truly be proud of its work, and the essayists complimented upon their admirable endeavors.

THE LAW OF POPULATION. By Annie Besant. Thirty-fourth thousand. 8vo, Paper cover, pp. 47. Valley Falls, Kansas: Fair Play Publishing Co., 1889. Price, 15 cents; with steel portrait of Mrs. Besant, 30 cents.

Mrs. Besant is known as a most outspoken advocate of the propriety of limiting the number of children in families. This she regards not only as a justifiable course in the marital relation, but as a duty when too many children may mean serious embarrassment in their development, training or support during their minority. In the little book before us—which has had a very large sale in Great Britain and in this country—she not only defends the view stated above but describes various methods of carrying it into practical effect.

The members of the medical profession are not all of one mind in regard to the rightness of the opinion held by Mrs. Besant; but any one of them who care to do her the justice of hearing the reasons why she holds it, will find them stated plainly and with perfect propriety in the little book under notice. They may not be convinced, but they will certainly, by reading the book, get a truer idea of her motives than they are likely to get if they limit their reading to the works of her critics.

THE YEAR BOOK OF TREATMENT FOR 1890. Small 8vo, pp. viii, 324. Philadelphia: Lea Brothers & Co., 1890. Price, $1.00.

This little book fully maintains the reputation of its predecessor for reliability and utility. There are many books on the market which attempt—or pretend to attempt—to give a summary of medical progress from year to year; but there is none which in so small a compass gives so good an idea of it as does this excellent little volume.

Literary Notes.

—Beginning with the issue for March, 1890, the *Annals of Gynæcology*, formerly published in Boston, and edited by Dr. E. W. Cushing, was enlarged and improved, and a Department of Pædiatry added, under the editorship of Dr. Louis Starr, of Philadelphia.

The journal is now printed by the University of Pennsylvania Press, Philadelphia, under the name of the *Annals of Gynæcology and Pædiatry*.

—The *Sunday-School Times*, March 29, 1890, contains an article by the Right Hon. W. E. Gladstone, which is the first of a series of articles on the Bible, from his pen. These papers are, by special arrangement with the writer, to appear on the same day in the *Sunday-School Times* in this country, and in *Good Words* in London.

—It is stated that the *Centralblatt fur Nervenheilkunde*, which was discontinued last year, will appear again in April in an enlarged form, under the provisional editorship of Dr. Kurella, of Allenberg, East Prussia.

—With one or two exceptions Spanish medical journals seem to have rather a frail hold on life. No fewer than three Spanish medical journals, the *Medicina Pratica*, the *Revista Cientifica*, and the *Archivos de Medicina y Cirugia de los Ninos*, have come to a premature end since the beginning of 1890, but Drs. Benito Alcina and J. Luis Höhr, of Cadiz, have just brought out the first number of a new Spanish periodical, entitled *La Revista Medico-Quirurgica*.

—*Scribner's Magazine* for April has for its frontispiece an admirable engraving from a painting, made for this periodical by the English artist, J. R. Weguelin, to illustrate an ode of Horace. Other Horatian odes will be illustrated by the same artist in succeeding numbers. This issue also contains the beginning of a notable series on "The Rights of the Citizen;" the last of the Electric Series on the Railway of to-day; an unconventional article of travel describing a journey across the Syrian Desert, besides other interesting articles.

NOTES AND COMMENTS.

Surgeons of the Confederate Army.

At the request of Professor Joseph Jones we publish the following call:

OFFICE OF THE SURGEON-GENERAL OF THE UNITED CONFEDERATE VETERANS,
156 Washington Avenue,
New Orleans, La., April 9, 1890.

TO THE SURVIVORS OF THE MEDICAL CORPS OF THE CONFEDERATE STATES ARMY.

Comrades: The surrender of the Army of Northern Virginia on this day twenty-five years ago, practically ended the struggle for the independence of the Southern States, and during this quarter of a century, death has thinned our ranks and our corps can now oppose but a broken line in the great struggle against human suffering, disease and death.

S. B. Moore, Surgeon-General of the Confederate Army, is dead; Surgeons L. Guild, A. J. Foard, J. H. Berrien, J. T. Darby, W. A. Carrington, F. A. Ramsey, Samuel Choppin, R. J. Breckenridge, E. N. Covey, E. S. Gilliard, E. A. Flewellen, A. N. Tally, Paul F. Eve, O. F. Manson, Louis D. Ford, Habersham James Bolton and a host of other medical officers of the Confederate States Army, all are dead.

The Association of the United Confederate Veterans, the objects of which are historical, social and benevolent, was formed in New Orleans, in 1888.

Our illustrious Commanding General, John B. Gordon, Governor of Georgia, has ordered the United Confederate Veterans to assemble in Chattanooga, Tenn., on July 2, 1890. It is earnestly hoped that every surviving member of the Medical Corps of the Confederate Army will meet us upon this important occasion and promote, by his presence and his counsels, the sacred interests of the Association of the United Confederate Veterans. It is of the greatest importance to the future historians, and also to the honor and welfare of the medical profession in the South, that careful records should be furnished the Surgeon-General of the United Confederate Veterans, embracing the following data:

1. Name, age, nativity, date of commission in the Confederate States Army, nature and length of service of each and every member of the Medical Corps of the Confederate States Army.

2. Obituary notices and records of all deceased members of the Medical Corps of the Confederate Army.

3. The titles and copies of all field and hospital reports of the Medical Corps of the Confederate Army.

4. Titles and copies of all published and unpublished reports, relating to Military Surgery, and diseases of Armies, Camps, Hospitals and Prisons.

The object proposed to be accomplished by the Surgeon-General of the United Confederate Veterans is the collection, classification, preservation and final publication of all the documents and facts bearing upon the history and labors of the Medical Corps of the Confederate States Army during the Civil War, 1861–1865. Everything which relates to this critical period of our national history which shall illustrate the patriotic and self-sacrificing and scientific labors of the Medical Corps of the Confederate States Army, and which shall vindicate the truth of history, should be industriously collated, filed and finally published. It is believed that invaluable documents are scattered over the whole land in the hands of the survivors of the Civil War of 1861–1865, which will form material for correct delineation of the Medical History of the Corps which played so important a part in the great historic drama. Death is daily thinning our ranks, whilst time is laying its heavy hand upon the heads of those whose hair is already whitening with the advance of years and the burden of care.

No delay, fellow-comrades, should be suffered in the collection and preservation of these precious documents. This task of collection of all documents, cases, facts relating to the Medical History of the Confederate Army invites the immediate attention and co-operation of his honored comrades and beloved compatriots throughout the South.

Respectfully, your obedient servant,
JOSEPH JONES, M. D.,
Surgeon-General
United Confederate Veterans.

Phenacetine in Whooping-Cough and Bronchitis.

If there is any remedy which will control a disease in a few days, which, if left to run its natural course, would last an average of ten weeks, it may be safely said that in one

disease at least science has accomplished something. Who has not felt, as he has seen the victim of whooping-cough struggling in its convulsive paroxysms, with its face purple, its eyes bloodshot, and its hands wildly thrown about in agony, the poverty of his art and his science for any relief it could bring to his patient. Scores of remedies have been introduced as specifics, and yet none have been more than partially successful. Possibly the new remedy, phenacetine, may share the fate of its predecessors, and yet we have seen such wonderful results from it in the catarrhal and spasmodic stages of whooping-cough, in the teasing and spasmodic coughs of bronchitis and laryngitis, we are led to hope that in this class of troubles it will yet rival quinine in its own specific field.

In a typical case of whooping-cough in a child eight months old, which had passed through its catarrhal stage and was well on in the second or convulsive stage, the paroxysms coming on every hour of a very violent character, the action of the drug was almost magical. Under the influence of grain and a half doses every three hours, the paroxysms in three or four days were reduced to half a dozen light ones during the twenty-four hours, and in a week had entirely disappeared. Another case was when the attack had not fairly entered the second stage, and yet the exposure of the child and the peculiarity of the symptoms left no doubt as to the character of the disease. In three days the cough had very nearly disappeared under the influence of two-grain doses of the drug every four hours, and in a week's time he was able to return to school. In the schoolmate from whom the disease was contracted, the disease was two months in running its course. In both of these cases the vomiting speedily ceased and the appetite returned. Many other cases occur to us as we write, but the ones quoted above were typical, and will suffice to illustrate the prompt action of the remedy. A lady of middle age was attacked with a sharp pharyngitis, the inflammation, as it was relieved in the pharynx, extending down and involving the larynx and upper bronchial tubes. The expectoration was bloody and purulent, and the cough frequent and painful. In addition to the usual medication five-grain doses of phenacetine was given at first every three hours, and as the cough subsided, every four or six hours. The effect was immediate; with the first dose the whole nervous system was quieted, the cough became less frequent, the temperature diminished, and in a few hours the patient fell into a quiet sleep. The improvement was rapid. There is no doubt the drug produces a very marked effect in relieving the irritability of the nervous system, and acting especially upon the vaso-moter nerves, controls to a certain extent the circulation without any dangerously depressing action upon the heart. As an intercurrent remedy we have reason to believe that in many cases it will supersede opium and its alkaloids and the class of hypnotics of which chloral is the type, because it not only does not prevent, but aids by its quieting power, the specific action of other drugs. We have been particularly pleased with the action of phenacetine in the epidemic of grippe through which we have just passed. In connection with other indicated remedies it has been, in our hands, of very great service.—*N. Y. Medical Times*, April, 1890.

Case of Alleged Hydrophobia.

Dr. William Carson reported at a meeting of the Cincinnati Medical Society, December 3, 1889, as reported in the Cincinnati *Lancet and Clinic*, March 22, 1890, a case of so-called hydrophobia. The diagnosis was suggested by the language of the patient. The history is not complete, for there was no *post-mortem* examination. The subject was an American, eighteen years old, single, a hard drinker. He left home three weeks before his death, and had since been exposed to the weather; had had poor food, irregularly partaken of. He had a sore throat for about a week. About one month before his death he was bitten by a dog. There was no pain in his throat when he was admitted to the hospital. His pulse was 110, his temperature 100.6.° The condition of the urine not known. He was poorly developed; his pupils reacted to the light readily. The left tonsil was inflamed. Dr. Carson ordered salicylate of soda. Delirium came on that afternoon. There were illusions and delusions. He was given stimulants. He said he could not swallow. The urine was then bloody and small in amount. He died that day. There was no special excitement at the examination. The exposure, his want of food, etc., were sufficient to account for his condition. Dr. Carson had before reported cases of nephritis following

tonsillitis. The habit of hard drinking followed for years might develop a nephritis. There was no such dysphagia as could not be explained by a local throat trouble, and no more maniacal excitement than could have been produced by acute alcoholism and nephritis.

Dr. Wm. L. Mussey said that this case reminded him of a case which came to the hospital during his residence there. The patient was a boy ten years of age, and was brought by his father. According to two physicians and the newspapers he had undoubted hydrophobia. The boy was an only child, and had been spoiled by his father and grandmother. It was about the time of the starting of Pasteur's laboratory. The boy was bitten by a cat. He wanted to go to the theatre and was forbidden to do so. The hydrophobia developed that night. When he was brought to the hospital he mewed, scratched, and bit in imitation of a cat. He continued this for a few hours, when the electric brush was applied. There was no further repetition of the symptoms of hydrophobia for several days. The attack then came on again, the electric brush was again applied vigorously, and the patient was shortly discharged cured.

Dr. J. A. Thompson said that in this connection the observation of a dog fancier would be of interest. He was of the opinion that the majority of cases of hydrophobic convulsions in the dog were due to uremic convulsions.

Powdered Milk.

The *American Analyst*, March 6, 1890, quotes from the *American Dairyman* the following in regard to a proposed substitute for milk.

The idea of reducing cows' milk to a dry powder, and shipping it in this condition all over the world seems to have originated with Dr. Krueger, a Swiss savant, and under his management a company was organized to make milk powder in Switzerland. It is claimed that milk in this form is much better than canned or condensed milk; for one reason, it has no sugar in it. It is well known that condensed milk cannot be used in many departments of cooking on account of the sugar, and this also makes it objectionable for use with very young children, not that the sugar itself is injurious to the babies, for it is always put into their milk, we believe, but it is better that this sugar be put in fresh at the time of preparing milk for the child. How far this powdered milk will answer these objections remains to be seen. One thing is certain, the powder will be much better for transportation and more handy to have in the house than either plain or condensed milk, provided it is a success. It looks somewhat dubious as a complete substitute for plain milk, not only on account of necessary expenses, but we do not find any kind of food capable of being thoroughly dried and afterwards made over with water so as to closely resemble the original article, and we never expect to see it done with cows' milk. Nature has a way of mingling these things that thus far man has not been able to closely imitate.

Dislocation of both Shoulders.

Mr. Alex. Milne, of Dewsbury, England, in the *Lancet*, Feb. 22, 1890, reports a case of dislocation of both shoulders. The patient, a man aged sixty, employed in the construction of bridges, was brought to the infirmary suffering from subcoracoid dislocation of both shoulders. The injury had been produced by his falling down a distance of about ten feet between the scaffolding and the bridge in course of construction. Both his arms, stretched above his head, were suddenly caught in his descent, and the jerk had been sufficient to dislocate both shoulders. According to his statement, the right shoulder had been dislocated fourteen years previously, and the left one six years before, and in both cases the accident had happened in precisely the same way as in the last instance.

Experimental Tetanus.

At the meeting of the Medical Society of Berlin, held Feb. 5, 1890, Dr. Weyl showed a dog which, eight days before, had been inoculated with the bacillus of tetanus from a culture in bouillon. The first tetanic symptoms exhibited by the animal were noted on the fourth day after the inoculation and consisted in opisthotonos. At the same time, all the muscles of the dog became tetanic and the animal was, to all appearances, a rigid cadaver.

It has been maintained that dogs enjoy an immunity from tetanus, but Weyl's experiments have proved the contrary.—*Bulletin Médical*, Feb. 12, 1890.

Treatment of Erysipelas.

Dr. Calvelli recommends the following formulæ for the treatment of erysipelas, in the *Bulletin Médical*, Feb. 16, 1890:

I.

℞ Acidi picrici . . . . . ♏ xxv.
Aquæ dest. . . . . ʒ viijss.

Sig. To be painted on the affected parts five to ten times daily.

II.

℞ Mucilag. acaciæ . . . . . ʒ ij
Acidi carbolici . . . . . ♏ xxv–xl.

Sig. To be painted on the affected parts twice daily and allowed to dry.

Michigan State Medical Society.

The twenty-fifth annual meeting of the Michigan State Medical Society will be held in Grand Rapids, Mich., June 19 and 20, 1890. This is one of the most active and enterprising medical societies in the United States, and one whose proceedings are always of interest and value.

Three years ago the Society, appreciating the large number of valuable papers presented at the annual meetings, wisely divided its scientific work into three working sections, namely: Practice of Medicine; Surgery and Ophthalmology; Obstetrics and Gynecology; the afternoon of each day being wholly devoted to sectional work. This plan has worked very successfully, as the last volume of Transactions shows.

The President's annual address this year will be by Dr. Geo. E. Frothingham, Detroit, on "The Need of Extensive Organization and Pursuit of a Fixed Policy as a Means of Promoting our Professional Interests."

The address on Practice of Medicine will be by Dr. W. F. Breakey, Ann Arbor, on "The Mutual Relations and Responsibilities of the Physician and the People in the Promotion of Medical Science."

The address on Surgery and Ophthalmology will be by Dr. F. J. Groner, Big Rapids, on "The Causes and the Remedies for Suits of Malpractice."

The address on Obstetrics and Gynecology will be by Dr. J. N. Martin, Ann Arbor, on "The Relations between Constitutional Conditions and Diseases of the Female Genital Organs."

In order to accomplish its purpose more successfully, the Society would urge that its members join local or County Medical Societies already formed, or use their influence towards organizing such societies, so that nuclei of medical societies may be started, our State being at present behind our sister States in the number of its County Medical Societies.

The Society extends to all graduates in regular medicine, who are residents and practitioners in Michigan, a cordial invitation to attend its sessions, urging upon them the importance of joining the State Medical Society this year.

The Secretaries of the different sections earnestly desire that the members who intend to present papers at the next meeting, will inform them of the fact and send to them their titles and the points to be discussed not later than June 1.

Inquiries in regard to the meeting will be answered by the Secretary, Dr. George Duffield, Detroit, Mich.

Western Pennsylvania Medical College.

The Fourth Annual Commencement Exercises of the Western Pennsylvania Medical College were held in Pittsburgh, Pa., March 27. The degree of M. D. was conferred on twenty-nine graduates, being about twenty-five per cent. of the class in attendance during the past term.

In the evening of the same day, the Alumni Association of the College, now numbering one hundred and twenty members, was entertained at a banquet by the Faculty.

Seaside Home for Women.

The managers of the Seaside House for Invalid Women invite attention to the advantages offered by the Mercer Memorial House, Atlantic City, to sick or over-worked women, who need, and yet can ill-afford, a sojourn at the seashore. The charge for a private room, with nursing, medicines, and medical attendance, is four dollars per week —about one-half its actual cost. Circulars can be obtained by writing to the institution. No one is admitted without previous application.

NEWS.

—Dr. W. R. Hoch has removed to 1502 Walnut Street, Philadelphia.

—There was recently a case of trichinosis in the Ward's Island Hospital, New York. The patient was an Italian.

—The corner-stone of the George L. Harrison Memorial House for Incurables of the Episcopal Hospital, was laid Friday, April 11.

—The ninth annual commencement of the Medico-Chirurgical College was held April 10. Twenty-five graduates received the degree of Doctor of Medicine.

—General Hamilton, of the Marine Hospital service, has been directed by Secretary Windom to make the necessary preparations for attending to the wants of sick emigrants who are at the port of New York after April 18, who may be entitled to Government care.

—Dr. Henry L. Schell, for so many years connected with the Wills Eye Hospital, Philadelphia, died March 15, in San Diego, Cal. His body was embalmed and brought to Philadelphia, where it was incinerated at the Germantown Crematory, in accordance with the desire of the deceased.

—A number of the professors in the St. Louis College of Physicians and Surgeons have resigned. The reason given for this action is that they do not consider it proper to hold their positions practically subject to the will of Dr. Louis Bauer, who is Professor of Surgery, Dean of the College and a member of the Board of Trustees.

—Dr. Edward Chester, who is now spending a few months in this city, after thirty years' work as a medical missionary in Southern India, says that there is an excellent opening for a few good American dentists in Madras. Madras has a population of 300,000 and has no good dentist, so that many persons are compelled to go to Bombay, nearly 1,000 miles away, to have their teeth looked after.

—Spotted fever is reported to have broken out in Union County, Kentucky. A number of children have been attacked, and in each case fatally. The disease is identical in all its symptoms with that which last summer carried off 250 victims in Webster, an adjoining county. In that epidemic neither sex nor age were spared. Only children have so far been attacked this year. The disease is said to run its course inside of 36 hours. Its approach is heralded by intense pain at the base of the brain. A burning fever speedily follows. The tongue becomes swollen and hard, unconsciousness ensues and death follows. After death the body becomes spotted with yellow blotches, the limbs swell and the whole body turns black. The schools have been closed and the people are leaving.

OBITUARY.

DR. HENRY HOLLINGSWORTH SMITH.

Dr. Henry Hollingsworth Smith, the eminent and well-known surgeon, died at his residence in Philadelphia, April 10, after an illness of ten days, in the seventy-fifth year of his life. Dr. Smith was born in Philadelphia, December 10, 1815. He was graduated from the College Department of the University of Pennsylvania in 1834, and was graduated from the Medical Department of the University in 1837. He was Resident Surgeon of the Pennsylvania Hospital for two years, and then spent some time in various European hospitals. He became Surgeon to St. Joseph's Hospital in 1849, Surgeon in the Episcopal Hospital soon afterwards, and one of the surgical staff of Blockley Hospital in 1854. In 1855 he was appointed Professor of Surgery in the Medical Department of the University of Pennsylvania, and resigned to become Professor Emeritus in 1871.

At the beginning of the civil war he was appointed to organize the Hospital Department of Pennsylvania, and at the same time made Surgeon-General of Pennsylvania. In this capacity he contributed much to the efficiency of the medical service of the Pennsylvania Reserves and other State regiments. After thoroughly organizing the department of which he was in charge, he resigned his commission in 1862, and has since been actively engaged in the practice of his profession. He won the warmest thanks of uncounted relatives by inaugurating the system of embalming the dead on the battle-ground. No act in the medical and hospital department of the army won more praise than was at that time and has since been awarded this.

Dr. Smith was widely known as a medical author and teacher, and he took an active interest in the questions of medical politics which have engaged the attention of the profession in this city and throughout the country during the past few years.